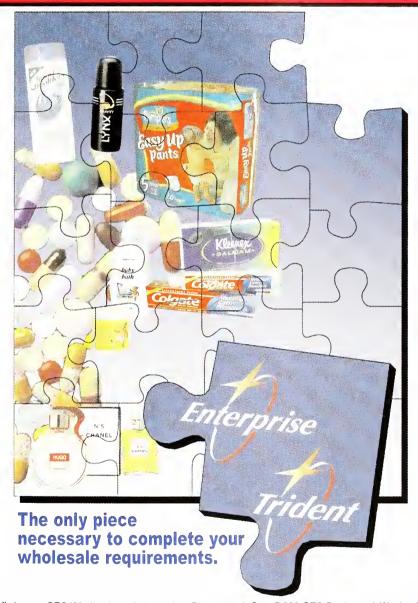


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Chemist&Druggist

The Newsweekly for Pharmacy

23 February 2002



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Macmillan pharmacist in cancer team

Nucare urges
OFT to look at
wider picture

YPG pharmacy moves off the drawing board





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Nytol & Nytol One-A-Night: diphenhydramine. Nytol Herbol hops, dogwood Jamaica, wild lettuce, passiflora, pulsatilla

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Chemist

The blewsywekly for Pharmacy

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Two past presidents broke ranks and voiced their disagreement with agreed policy at a recent RPSGB Council meeting. Also: Lambeth Outlook



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Health Minister Hazel Blears (left) is said to have responded constructively to PSNC's proposals to work with the DoH on a new contract, at a meeting last week

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Mark Koziol, the project manager for the Young Pharmacists' Group Pharmacy, shares his YPG vision for the future

Uster pharmacists get place on LHSCG boards

Pharmacists in Northern Ireland will have a guaranteed place on each local health and social care group management board - but the entitlement may be reviewed after 18 months, according to instructions issued last week.

A management board of up to 18 members will comprise:

- five GPs
- one nurse
- two community or service users
- a social worker
- a representative of the local acute trust
- 🔵 a pharmacist
- a profession allicd to medicine
- five nominations from the local community trust (which must include one nurse, one social worker and one PAM),
- a non-voting LHSCG

manager.

Dentists or optometrists are not so fortunate. A Department of Health, Social Services and Public Safety circular, HSS (PCD) 1/2002, says that as size, manageability and financial viability must be considered, input from these professions "is likely to be more appropriate at task or project group level"

The proposed membership "represents a fair balance between the main interests concerned" says the circular. But it adds: "... the Department will review membership of the Groups in 18 months in light of experience and taking particular account of the role for dentists, optometrists and pharmacists to determine whether or not adjustments in management board membership are necessary.'

Payments for board members

will include recognition of the need for locum payments where appropriate.

On Tuesday, the Pharmaceutical Contractors' Committee chief executive Terence Hannawin gave the news a "guarded welcome". While being pleased by the fact that pharmacists are to have a place by right on the management boards, he was concerned about the possible over-bureaucratic nature of the management board. He was also concerned about the six-week time scale as the LHSCGs will need to be established by April 1.

However, he said that the recognition of a place for community pharmacists "provided some satisfaction" as the PCC has been helping to

develop the plans for three years.

The number of LHSCGs within the four Boards has not been finalised, but Mr Hannawin believes this will be straightforward and expects 15 to

18 groups to be set up.

Although the PCC has yet to consider pharmacist nominations, Mr Hannawin pointed out that community pharmacy contractors have been meeting in locality groups and may be able to suggest community pharmacists to sit on management boards. "We are determined to play our part and put arrangements in place to see the best people nominated," he added.

For more information:

www.dhsspsni.gov.uk/publications/ index.html

Gluten-free foods: repeat dispensing plans

The Department of Health has shelved plans for pharmacist prescribing of gluten-free foods, in favour of repeat dispensing schemes

Pharmacists should also be able to undertake supplementary prescribing in 2003.

The Department initially consulted on a scheme in which pharmacists would prescribe gluten-free foods to coeliac disease patients with a GP's certificate. The proposal was abandoned last December, mainly for lack of cost controls. At present, these foods come under prescribing budgets, so GPs have an incentive to

The Department has now abandoned a second, more tightlycontrolled scheme because it would cost more to run.

Christine Clark, business manager, Prescriptions & NHS Forms, said: "We shall continue to look for simple and cost-effective solutions, but are giving priority to introducing pharmacist-led repeat dispensing schemes this year and nationwide by 2004, and

supplementary prescribing by pharmacists in 2003.

"These initiatives will have a much more significant effect on GP workload, and we are confident one or other or a combination of them should provide an answer to the glutenfree food issue."

DoH to confirm MS prescription arrangements

Arrangements for reimbursing prescriptions for multiple sclerosis drugs still have to be clarified, according to the Pharmaceutical Services Negotiating Committee.

The Department of Health has said that there will be a change in the way the drugs are supplied and paid for when the new scheme starts in May (C&D, February 9, p6). The PSNC has asked the DoH to have a proposal ready in time for its April meeting.

The DoH has published a Health Service circular, Cost Effective Provision of Disease Modifying Therapies for People mith Multiple Sclerosis.

Questiontime

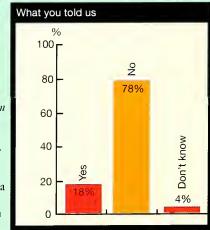
Do you think that nurse prescribing of antibiotics will worsen the problem of antimicrobial resistance?

No

Don't know

You can record your vote on our website: www.dotpharmacy.com Question time appears on the home page. Select your answer and then click on the "vote" box. Your answer is automatically collated. You have until noon on February 26 to cast your vote. We will publish the rescults in $C \mathcal{E} D$, March 2.

Last week we asked you: Do you think the £4.1 million extra the Department of Health has found to pay pharmacists for February and March prescriptions will help increase morale in the profession?







Lambourn Pharmacy, West Berkshire, has joined forces with the local gym to promote a healthy lifestyle. The pharmacy, supported by UniChem, has become a sponsor of the Valley Health & Fitness Club's social and sporting club, Valley Active. The gym is part of the West Berkshire GP referral scheme, which allows GPs to prescribe a course of exercise for patients. Lambourn pharmacist Graham Jones (second right) said: "Promoting a healthy and active lifestyle is as important to maintaining health as medicines and medicines management." Mr Jones is seen flexing his muscles with fellow-members Martin Webster, Elaine Pye, Frank Penhaligan, Kate Booth and Alison Wehster

Nurses to prescribe antibiotics

Nine oral antibiotics have been added to the list of drugs that nurses may prescribe from April this year.

These include:

- amoxicillin, nitrofurantoin and trimethoprim for lower urinary tract infections in women
- flucloxacillin for impetigo
- metronidazole for fungating malodorous tumours or bacterial vaginosis
- oxytetracycline, doxycycline, tetracycline or minocycline for

Nurses will also be able to prescribe topical gentamicin sulphate and neomycin sulphate and undecanoate for otitis externa.

Sarah Mullally, chief nursing officer, said: "Over the last few years, nurses and health visitors have demonstrated that they are safe, eareful and professional prescribers."

For more information:

www.doh.gov.uk/nurseprescribina

NI pharmacists get funds for palliative care service

Community pharmacists in Northern Ireland have set up a palliative care service with funding from the Southern Health and Social Services Board (SHSSB) and Macmillan Cancer

The service, launched this month, is co-ordinated by a Macmillan palliative care pharmacist at Craigavon Area Hospital and is supported by nine community pharmacists who have been trained in palliative care.

The aim of the service is to ensure that pharmacists work in partnership with other healthcare professionals to prevent problems occurring with medicines.

"Now, before a patient leaves the hospital, the Macmillan pharmacist ensures that the community palliative team is fully aware of the patient's needs," said Anne Friel, director of pharmaceutical services at Craigavon Hospital.

The Macmillan Cancer Relief is funding the posts of the liaison pharmacist and a GP facilitator. The SHSSB is funding the nine community pharmacists.

Supplementary prescribing

The Government is to hold a public consultation this spring on supplementary prescribing by nurses and pharmacists, Health Minister Hazel Blears has announced.

In a written answer last week. Ms Blears also told Bristol North West MP Dr Doug Naysmith that the Government is undecided on

whether to establish a "New Prescribing Advisory Committee".

She has asked the Medicines Commission and the Committee on Safety of Medicines to advise on whether a new committee should be set up or whether existing committees should advise on which groups should be allowed to prescribe.

Clinical governance meeting

East Surrey Local Pharmaceutical Committee is organising a meeting on clinical governance for local contractors.

The meeting, which takes place on February 27, will include presentations on clinical governance baseline assessment, the Royal Pharmaceutical Society's role in clinical governance and interfacing with primary care groups. There will also be a presentation on the clinical governance work done so far.

The event takes place at Leatherhead Golf Course (exit M25 at junction 9 for the A243) with a hot buffet from 7pm and the presentations at 8pm. For more information tel: 01372 811242.

£12,000 fall in NHS income predicted

Pharmacy owners are predicting their NHS incomes may fall by up to £12,000 due to the reduction in the dispensing fee.

The latest C&D Quarterly Business Trends Survey indicates that the 10p cut in the dispensing fee has prompted two-thirds of pharmacy owners to anticipate losses in income of up to £9.600. However, 23 per cent are predicting a loss of up to £12,000.

There are signs that pharmacists intend to fight back: a drive to increase OTC sales, secure more dispensing business and run promotions are the three most favoured plans of attack, the survey

More details of the survey, which is sponsored by UniChem, can be found on page 18.

EHC judgement reserved

As C&D went to press there was still no decision on the judicial review on the supply of emergency hormonal contraception from pharmacies.

Judgement has been reserved on the case, brought by The Society for the Protection of Unborn Children, that began on February 12 in the High Court, London.

Medicine labels 'hard to read'

The Royal National Institute for the Blind is calling on the Government to legislate to make pharmaceutical manufacturers improve packaging and information for blind patients.

The charity is setting up a Working Group on Accessible Pharmaceutical Information, in partnership with the industry. For more information: www.rnib.org.uk



ambeth

NHS spins out of control

Confused messages on funding the NHS have given politicians a chance to put the Government under pressure, says the RPSGB's Beverley Parkin



The NHS is, once again, big news. It is largely down to the Prime Minister. His renewed interest in public service reform has sparked controversy, new opinion polls and the opportunistic publication of new research.

Media commentators have been quick to judge Mr Blair. For some, his concentration on domestic public services makes up for his long foreign policy absences. For others, his reforming zeal points to non-public solutions.

But among politicians, the reaction has been almost universally negative. From Labour's old left and the trade unions comes condemnation for Mr Blair's attacks on "wreckers" (with the implication that public sector workers are among them). From the centre and right, the opposition parties have accused the PM of failure to deliver over five years and of muddleheadedness over policy direction.

The ambiguity around the PM's position was thrown into relief by strong hints from the Chancellor, Gordon Brown, that he would be prepared to raise taxes to ensure the Health Service is properly funded in the public sector. To underpin his position, he has commissioned a report by a former banker, Derek Wanless, to identify how demographic changes and rising expectations will add to future health costs. "I want to put the NHS] on a solid long-term financial footing so people know it's there when they need it," he

Health Secretary Alan Milburn

got into trouble with Labour MPs for his "foundation hospitals' speech, where he suggested that "good" NHS hospitals might virtually opt out of central control while "failing" ones could be liable to be taken over. His predecessor Frank Dobson personified the reaction: "I have yet to come across anyone, other than the ministers involved, who seems to be in favour of what is proposed."

MORI recently reported that some 66 per cent of the public now regard health as their top priority concern - up from under 50 per cent in November. The poll took place in the immediate aftermath of the Rosc Addis affair where, depending on your news source, a 94-year-old woman waited for 60 hours in A&E, neglected by health service staff or spent a similar amount of time being adequately cared for under trying circumstances.

The think tanks are busy too. Most recent to pronounce was the King's Fund. Changing the way the NHS is funded is not the most important task, it suggests. Instead it wants yet more structural changes - a new NHS, established as "a corporation, arm's length from government", with new notfor-profit, locally-accountable health organisations and a bigger role for patients in deciding how their care is managed. The Institute of Fiscal Studies, meanwhile, reckons that even the current changes can't be funded. Gordon Brown, it calculates, needs about £7 billion more for the existing NHS, regardless of any further modernisation.

Less than a year into their second term, the pressure for results is evidently fraying ministers' nerves. The past few weeks have been characterised by seemingly hasty announcements and intemperate debate. Perhaps Mr Blair and his colleagues are beginning to learn what life on the front line of public service is really like - tired and stressed people are, after all, prone to make mistakes.

Dissent in the Council ranks

A skirmish blew up in the Royal Pharmaceutical Society's Council meeting this month when two past presidents voiced dissent against

agreed policy.

Minutes of the February meeting say the Council has agreed to seek an amendment to the Byelaws to allow people to be considered for fellowship of the Society after 12 years of membership. The current requirement is 20 years.

Despite this being agreed by Council, Peter Curphey, president from 1997-98, "advised the Council that he would be writing in his personal capacity to object to the proposal. He did not think that it was in the interests of the profession," say the minutes.

Hemant Patel, who succeeded Mr Curphey as president, also asked that his anxieties about the

matter be minuted.

Challenging Mr Curphey's action, Hassan Argomandkhah asked how Mr Curphey's statement fitted with the code of conduct and corporate responsibility for members of Council. He argued that once the Council had made a decision collectively its members were supposed to support it fully.

President Marshall Davies said that, under the code of conduct, members of Council were expected to support the policy of the Council. Having expressed the policy, they could then explain any disagreement with it, he said.

Mr Davies said he would not reopen the debate.

The disparity over members' ability to claim locum cover expenses has not been resolved. Ashwin Tanna raised the matter in December but secretary and registrar Ann Lewis told the February Council that she was still awaiting a response from the Department of Health.

Miss Lewis said she would pursue the matter with the Department and take independent advice

Other matters raised included: The Society is to consider introducing an upper age limit, possibly 70, for Council members and auditors.

The Council welcomed the Audit Commission report, A Spoonful of Sugar: Medicines Management in NHS Hospitals (CGD December 22/29, 2001, p11). It will hold a full discussion at its April meeting.

The Society is to invite applications from fellows of the Society to fill the vacancy on the Society's Panel of Fellows following the retirement in May of the current chairman Ron Wing.

A vote was held as to whether the panel should continue to include a Privy Council nominee, with the majority of those present in favour.



Royal Pharmaceutical Society president Marshall Davies (centre) was guest speaker at a Bradford Branch meeting held at the Bradford School of Pharmacy last week. With Mr Davies are Simon Twedell, a fifth year tutor at Bradford School of Pharmacy, and Professor Brenda Costall, head of school





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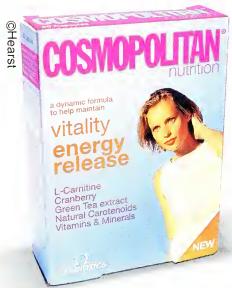
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Blears meeting 'constructive'

The Pharmaceutical Services Negotiating Committee had a "constructive" meeting with Health Minister Hazel Blears last

She responded positively to PSNC's proposals to work with the Department of Health on a new contract and on developing a sound evidence-based model of the costs and income for community pharmacy services.

The Minister also agreed with PSNC on the need to take a holistic approach to issues affecting contractors' confidence in the future, such as generics reimbursement and the OFT investigation into control of entry.

PSNC chairman Barry Andrews said: "We had a very constructive and wide-ranging discussion with the Minister, emphasising our commitment to

"We believe she is committed to

community pharmacy's future. PSNC aims to move forward in partnership with the Department towards the development of a new national contract and new remuneration structures, and Hazel Blears gave her support to our proposals.'

Two areas to be taken into account in PSNC's plans for new eontract services are The Expert Patient policy document on helping patients manage their medical conditions, and the intermediate care agenda.

Other items discussed at this month's PSNC meeting included:

NHS Reform Bill PSNC continues to consider the implications of the NHS Reform Bill as it passes through Parliament. The committee will encourage local pharmaceutical committees to build relationships with the new patient forums, which are to replace community health councils, and issue

guidance on powers to inspect primary care premises.

Local pharmaceutical services

PSNC officers have had another meeting with the Department to elarify the current draft guidance. Guidelines are expected this spring.

Container costs inquiry PSNC approved the Inquiry Unit Report on the April 2001 Container Inquiry. This showed a cost of 3.84p per prescription compared with 4.47p in April 2000. As contractors have been overpaid on their container allowance, there will be a cut in the costs allowable, probably to 3.24p from April 1, 2002, but this is still subject to discussion with the Department.

Broken bulk for dressings PSNC has sent a detailed analysis to the Department, supporting its claim for extension of broken bulk to dressings and appliances.



Professor Andrew Baird has been appointed director of the newlyestablished Sackler Institute of Pharmaceutical Sciences at King's College London, Professor Baird. who is an expert in tissue repair and regeneration, has also been appointed as chair of physiology. Researchers will use the endowment from the Dr Mortimer and Theresa Sackler Foundation to focus on gene-based medicines and pharmacogenetics. A donation from the Foundation in 1993 established the Sackler Institute of Pulmonary Pharmacology at King's

Joint courses for health profession undergraduates

Pharmacy students at King's College, London will share undergraduate courses with other health professions from this autumn.

In the first year they will have joint training in communication skills and ethical issues. In the second year the emphasis will be more on elinical practice and patients' experiences, while joint programmes in the third year will eover organisational issues such as audit and complaints procedures.

Professor Ian Norman, King's College School of Nursing and Midwifery, told C&D that seven health professions, involving 1,200 students, would take part in the common learning programmes.

"The aim is to improve students' skills while engendering positive attitudes to their own and other professions," he said. Staff will be recruited from at least two disciplines.

Funding for the first two years has come from the Department of Health, which has allocated £2.5 million to develop multiprofessional education at four universities. The others are Neweastle, Sheffield Hallam and Southampton universities, which are setting up common learning programmes for undergraduates in medicine, nursing and at least two allied health professions.

Common learning was advocated in the NHS Plan and the documents Investment and Reform for NHS Staff (February 2001) and Working Together, Learning Together (Nov 2001).

Cannabinoids are referred to NICE for appraisal

Cannabinoids for the relief of pain in multiple sclerosis is one of 12 new topies to be referred for appraisal to the National Institute for Clinical Excellence this week.

Cannabis derivatives, which are currently undergoing clinical trials for the treatment of various eonditions including pain relief in MS, eould be available on prescription in early 2004.

Health Minister Lord Hunt said that current elinical trials on eannabinoids, which are funded by the Medieal Research Council and supported by the Department of Health and the Royal Pharmaeeutical Society, are not expected to produce results until the end of this year. NICE will use these results in its appraisal.

The Multiple Sclerosis Trust welcomes the possibility of eannabis-based medicines being available on prescription, but its director of services, Nicola

Russell, is cautious about the involvement of NICE. "We have some concerns that this [review] may lead to a delay in these medicines being made available to patients," she said.

Other treatments to be looked at as part of the consultation include:

- hormonal treatment for early breast eaneer
- new treatments for Alzheimer's disease and for non-Alzheimer's dementia
- clopidogrel and dipyridamole for secondary prevention of atherosclerotic events
- nutritional supplement feeding versus modified oral feeding in adult patients with advanced diseases

NICE will begin work on the appraisals from April 2003.

For more information:

www.doh.gov.uk



Nucare urges OFT to take a wider view

Nucarc has urged the Office of Fair Trading to take a more comprehensive look at the issues surrounding the provision of healthcarc services as part of its review of the control of entry regulations

During a meeting with OFT officials, Nucare's sales and marketing director, Mahesh Shah, told them that "without looking at the whole system they were not in a position to make firm recommendations".

Mr Shah, who was accompanied by Nucare's special projects manager, Alan Turner, and Nucare member, Amish Patel, also asked the OFT to specify the consumer benefits it was hoping to achieve by relaxing the current regulations.

He argued that the inquiry had to address the issue of consumer satisfaction, which would best be achieved through a consumer survey.

Nucare also stressed that the role of independent pharmacists should not be seen in terms of the dispensing process alone and that the current system of awarding contracts took into account desirability, not just need.

Nucare has been concerned that the voice of independent pharmacists is not being heard, as some members have reported difficulty in obtaining the questionnaire from the OFT's website.

The group sent out the OFT's questionnaire alongside nine questions of its own in the

Mahesh Shah, Nucare's sales and marketing director, said the OFT had been keen to hear the independent pharmacist's view



February issue of Nucare News.

It also asked members whether they believed the current system made it more difficult for patients to get their prescriptions filled, and sought feedback on what pharmacists did as part of their normal work which made their presence important to patients.

Nucare has so far received 90 replies in just over a week. It intends to analyse all replies and compile a report for the OFT.

INDUSTRY

Garnier vows to double R&D output

Jean-Picrre Garnier, GlaxoSmithKline's chief executive, has promised to double the productivity of GSK's research and development arm.

Currently nine out of 10 newly discovered molecules fail during clinical trials, a ratio which Mr Garnier is confident can be reduced to eight out of 10.

He denied claims that GSK planned to spin-off its Centres of Excellence for Drug Discovery.

"They are essential to the future of our company. The last thing on our minds is to spin them off," he said.

Speculation about these "internal biotechnology companies" had been fuelled by remarks made by GSK's head of R&D, Tachi Yamada (see C&D February 2, p14).

Mr Garnier's comments came as he announced GSK's full-year results last week. Total sales rose by 11 per cent to £20.5 billion, while GSK's pre-tax profits increased by 12 per cent to £6.2bn.

Sales growth for Pharmaceuticals, which accounted for 84 per cent of GSK's turnover (£17.2bn), was 12 per cent, driven by sales of the company's asthma drug Seretide.

With sales of £850 million, Serctide has become GSK's fourth biggest product worldwide. The company intends to launch Seretide for the new indication of chronic obstructive pulmonary disease in the US during the second quarter, having recently received approval from the Food & Drug Administration for an extension of the product licence.

Five other product launches are expected for 2002, including the Infanrix PeNta vaccine, Bexxar for non-Hodgkins lymphoma, Avolve (dutasteride) for static hypertrophy, and vardenafil, GSK's own version of Viagra, which it co-markets with Bayer.

Mr Garnier was surprised at the current controversy over the MMR vaccine. "It is used in over 20 countries, but it is only in the UK that there is a controversy." He added that the vaccinc was of minor importance to GSK in sales terms. However, the company is about to file a licence application for MMR-V, which includes the varicella vaccine against chicken pox.

Meanwhile, GSK's consumer healthcare sales rose by 22 per cent to £3.3bn, mainly due to the acquisition of Block Drug, which contributed £594m.
GSK acquired Block Drug in January 2001 for \$1.24 billion (£870m).

Mr Garnier said that the merger had already achieved two of its objectives – financial strength and marketing power – as well as delivering savings of £750m this year alone.

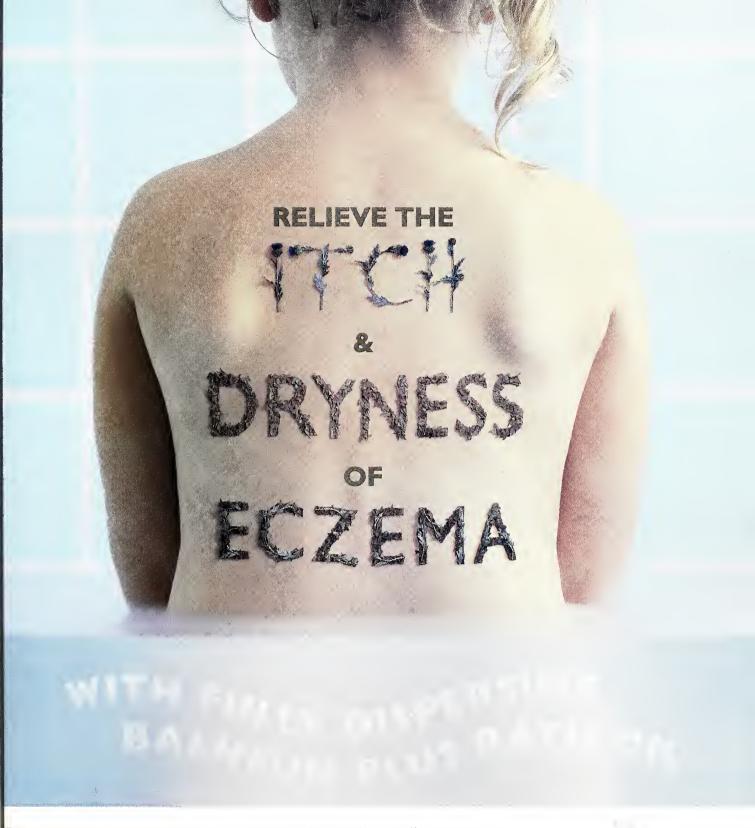
Based on last year's earnings per share growth of 14 per cent to 72.4p, GSK said it expected EPS growth for the current year to be in the mid-teens again.

• GSK has acquired the rights to Bayer AG's pre-clinical osteoporosis research programme for an undisclosed sum. The deal includes the patent and worldwide marketing rights for Bay54-9801, which is due to start clinical trials early next year.



"The company is in very good shape" said Jean-Pierre Garnier, GSK's chief precutive





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containing soya of 82.95% w/w and mixed lauromacrogols 15% w/w. Uses: for the treatment of dry skin conditions including those associated with dermatitis and eczema where warnings etc: Contraindicated in patients hypersensitive to any of the ingredients. Care (I measure) for a full bath or 2.5ml for a partial bath. If required, this can be increased to should be taken to guard against slipping in the bath or shower Avoid contact of undiffued product with eyes; if this occurs, rinse immediately with water. Package quantities: Bottles of 500ml. MRRP cost: £13.22 Legal category: 65£ Product

licence number: 00327/0110. Product licence holder: Crookes Healthcare, Nottingham, NG2 3AA. Date of Preparation: November 2000. References: Cork MJ. Complete Emollient Therapy. In: The National Association of Fundholding Practices Yearbook, 1998. / The Independent Community

Pharmacist 1999; April 52. Kopeka B and Borelli S. Praxis 1964; 53(4B):1630-32.

CHCSK00197 CROOKES HEALTHCARE



AAH Convention line-up

AAH Pharmaceuticals has announced the speakers for the Vantage convention in Cape Town, South Africa. The line-up includes:

- Professor Roger Walker, professor of pharmacy practice at Cardiff University.
- Dr Nathan Finklestein, of the Pharmaceutical Society for South Africa.
- Former national park ranger lan Thomas.

AAH's marketing director, lan Bray, will focus on the role of IT and medicines management within pharmacy, while Mandeep Mudhar, AAH's ethical marketing manager, will outline the Vantage medicines management service.

... it was £20,000

The amount awarded to JB Pharmacy in Coatbridge by Scotland's Primary Care Modernisation Fund is £20,000, not £60,000 as stated in the table which accompanied last week's item "Modernisation fund backs 10 Scottish pharmacies" (C&D February 16, p10).

UniChem and Londis add to micro-store concept

UniChem's concept of a pharmacy convenience store, which it developed in association



with Londis, is to be expanded to other pharmacies.

Two pharmacies, located in St Helen's (Lancs) and Copthorne (West Sussex), currently follow the chemist/c-store concept. Four others are due to be completed over the next two months.

Terry Bedford, Londis' sales director, said another dozen sites were on the drawing board. He

believes that the concept, which is exclusive to UniChem customers, may be suitable for between 200-300 pharmacy sites.

Calling the concept a "microsuperstore at local level", Mr Bedford added that the two pilot sites had succeeded in growing their script business, on the back of which sales of convenience store ranges had also risen.

Promotional scheme on offer from M&N

Pharmacists are invited to join a 12 month promotional scheme that offers them leaflets and other point of sale material at reduced prices.

Independent Pharmacy Marketing Partnership - run by wholesaler M&N Traders - will run from March 1 to February 28 2003. Its promotions include:

- 1,000 personalised leaflets and window posters for the Easter and summer periods
- window poster in the autumn
- 6,000 personalised leaflets. Royal Mail, which will deliver 5,300 of the leaflets, will not handle other pharmacies' leaflets in the same area during this period.

The cost to IPMP members will be £600, compared with the normal rate of around £3,220. But members also have to spend £1,400 on products promoted in a typical leaflet. The scheme is open to the first 100 independents.

For more information: M&N Traders 0208 909 1905



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Blears visits Mawdsleys

Health Minister Hazel Blears has visited independent wholesaler Mawdslevs, whose headquarters are in her Salford constituency. It was her first visit to a British pharmaceutical wholesaler.

Ms Blears spent two hours talking to Mawdsleys' directors about the role of pharmaceutical wholesalers within the NHS.

Other issues discussed were the importance of generics and parallel imports to full-line wholesalers as well as the increasing pressures on margins.

Mawdslevs' commercial director, Robert Harwood, said he



was encouraged that Ms Blears had spent the time to learn more about pharmaceutical wholesaling. He was hopeful that the dialogue would be maintained. A return visit is expected later this year.

Hazel Blears meets Mawdslevs' md lan Brownlee (centre). commercial director Robert Harwood, right and retail services director John Davies

FEBRUARY 25 NICPPET

Advanced Clinical Practice: Gastrointestinal, Fitzwilliam International Hotel, Antrim, 10am.

FEBRUARY 26

NICPPET

From Babies to Infants - the role of the pharmacist, Lodge Hotel, Coleraine, 7.30 for 8pm.

NICPPET

From Babies to Infants - the role of the pharmacist, Killyhevlin Hotel, Enniskillen, 7.30 for 8pm.

FEBRUARY 27 NICPPET

Risk Management and CPD, Oaklin House Hotel, Dungannon, 7pm.

FEBRUARY 28

Dundee and Fife Branches,

Pharmacy through the Ages, **Dundee Contemporary Arts** Centre, Dundee, 7.45pm.

MARCH 1 NICPPET

Pain Control in Palliative Care. Fitzwilliam International Hotel, Antrim, 10am-5pm.

Novartis takes the right medicine

Novartis has reported a 10 per cent rise in turnover to CHF32 billion (£13.4bn), with pharmaceuticals and generics the main sales growth drivers.

Sales of prescription medicines, which account for almost two-

thirds of Novartis' turnover, rose by 11 per cent to CHF 20.2bn (£8.44bn). Sales of generics increased by 23 per cent to CHF 2.4bn (£1bn).

Novartis' Consumer Health division saw only moderate growth of 2 per cent (CHF 6.7bn/ £2.8bn). Novartis has announced plans to divest its nutrition and functional foods business, one of six sectors in the division. Pre-tax profits for the group was CHF5 billion (£2.1bn).



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first for Pharmacists



from the Editor



Northern Ireland is to have community pharmacists on its primary care organisation management boards. After the Scottish pharmacy plan, the news from Ulster might be seen as proof again that devolution is a good

thing. Lobbying of devolved ministers by pharmacy is starting to pay off – but can Whitehall be swayed on English matters?

Only last week, Health Minister Blears was suitably informative (or evasive) about the prospects for pharmacist representation on primary care trusts. Her view was that: "Current legislation allows for the inclusion of all family Health Service contractors, including pharmacists, to be members of the PCT. Professional membership of the PCT has to reflect the services for which it is responsible." This is still not a firm promise that community pharmacists will be on the management boards of PCTs, unlike the plans of the Northern Ireland health department or the Welsh Assembly.

Consider what has happened with GPs having a majority on English PCG boards. How many PCGs are thinking of setting up new services because the expertise is not there at the board meetings? Take smoking cessation. Community pharmacists are already offering PCOs proven services, but some board management teams want to reinvent the wheel because they don't know what is going on outside the GP surgery.

So, Ms Blears and your ministerial colleagues, take note that allowing a cross mix of professionals to make decisions, rather than relying mainly on one viewpoint, can save money.

But be careful, Ms de Brún, that the Northern Ireland boards do not allow bureaucrats to have undue influence. Watch out, too, for the flak from dentists and optometrists, who have yet to be given a place on the management board.

... take note that allowing a cross mix of professionals to make decisions... can save money

Yourviews

John Beighton, chairman of the British Generic Manufacturers Association, discusses the tactics employed by ethical manufacturers to prevent generic competition

Is all really fair in love and war?

These days, we expect manufacturers of branded medicines to do all they can to delay the onset of generic competition when their patents expire.

However, there is particular concern about their current habit of withdrawing their original product before the end of its patent period, and launching a very slightly different version under a new name.

They hope that doctors will then prescribe the "new" product, thereby simply killing off the market before the generic version of the original can be launched at the end of the patent term.

There is no question that branded manufacturers need a period of monopoly supply in the marketplace to secure a return on their research investment. But the NHS and patients then need generic competition introduced immediately after the end of the patent protection so that lowerpriced generic versions of the same product can reduce the overall medicines bill.

Otherwise, the NHS would not be able to pay high prices for branded medicines, and thus fund that sector's research out of taxation. There would only be three choices for the Government: reduce expenditure elsewhere within the NHS; reduce expenditure on medicines; or increase taxation.

If there were no generic medicines, and the average price of branded medicines stayed the same, the NHS medicines bill would increase by £2 billion, or one-third. That is equivalent to over 3 per cent of the entire NHS budget.

Without generic competition



John Beighton: "Let's act together"

working as the Government intends, therefore, the NHS as a whole would not be sustainable.

We know that NHS Trusts have written to the research-based pharmaceutical industry arguing that their budgets are based on the assumption that savings will be realised when popular drugs become available as generics.

At least one pharmacist has argued that, since the patent holder expects others to respect its exclusive rights, "is it not then reasonable to expect the patent holder to uphold their end of the bargain and not resort to controversial methods to protect market share when this patent comes to the end of its natural life"?

The BGMA agrees and supports all of these arguments. We will do all we can to bring generic products to the market once the branded original's patent expires. We then need doctors to prescribe the original product by its generic name, and pharmacists to stock the generic version of the original when we launch it.

If we act together in this way, the branded sector's plans to increase its profits at the expense of patient care will properly fail.





BlackBAG

Burying the giving of bad news

Unlike Jo Moore, who buries bad news, GPs bury their mistakes. Giving bad news to a patient is often badly done. People go through the classic phases of grief. Denial is commonly mixed with anger. It is not unknown for a patient to physically attack their GP on hearing a poor prognosis.

GPs are trained in the art of breaking bad news, but a great deal depends on the individual. Things are getting better, however. Doctors' notes are no longer littered with acronyms such as TATT (tired all the time).

Euphemisms are also disappearing in direct proportion to the number of requests from solicitors to trawl through their clients' notes. "Super-tentorial" was a popular word. The tentorium separates the "conscious" from the "unconscious" brain areas. A frequent attender with no clinical diagnosis to explain intermittent chest pain would likely as not have

It is not unknown for a patient to physically attack their GP on hearing a bad diagnosis

this "diagnosis" in their notes. Recurrent female problems were blamed on "migration of the utcrus". Hence the term hysteria from the Greek word for uterus.

Worse still, hypochondriasis was limited only to the female as it was caused by the uterus lodging itself firmly under the diaphragm.

Patients are now advised to bring a tape recorder to a consultation. Some GPs find this intrusive while others break into a rendition of "I did it my way". Patients are also advised to ask their GP to write down the information so the local pharmacist can translate.

Alternatively, the modern GP can e-mail your lab results and worrying diagnoses. A receptionist told me that Princess Margaret's functal was a good time to e-mail a Mr Smith about his nasty looking lump. I did the right thing, of course, and promoted her.

Dr Ian Banks is a practising GP in Northern Ireland

TOPICAL REFLECTIONS

Forging that vital link in East London

Whether f, 1.4 million or f, 4.1m makes no difference (OK, our mistake, apologies for any confusion... £4.1m is the correct figure. Editor): I am still unhappy with my NHS income. But while the Department of Health's change of heart produced last week's lead story in $C \mathcal{C}D$, it is the developments in Barking & Havering that I find most exciting (C&D February 16, p5).

What has been achieved in Barking & Havering is the next stage up from pilots. It is not a guaranteed continuous new service, but as close as can be realistically achieved. And the subject is vital. The inextricable combination of medicines management and repeat prescribing has to be a major chunk of the community pharmacist's professional future.

In Barking & Havering, the principle that efficient medicines management should be achieved through community pharmacy has been established. The cash commitment by the Health Authority endorses its belief that the return will be justified.

The major difference is in the motivation and enthusiasm that local community pharmacists will devote to the scheme. At last a new pharmaceutical service has been proposed that promises continuity on results. That is a concept that we can all enthusiastically embrace. I, too, would undergo rigorous training and accreditation if I knew that all that knowledge was to be put into properly remunerated ongoing practice. My only regret is that I do not practice in Barking & Havering.

A good idea in need of more flexible execution

I make no apologises for preferring the new Plus+ programme from GlaxoSmithKline to its previous ill-fated agency scheme. My enthusiasm would have been tempered, however, if I had read the small print. Part of the programme involves a stock swap system for out-of-date stock which, I now learn, involves the alternative of swapping like-for-like, or for replacement with the equivalent in Amoxil caps 250mg (C&D February 16, p11).

Now I may be naïve, but if any of my stock has gone out of date, the probability of its in-date

replacement being requested is as low as that for the out-of-date I have returned. Likewise, since I rarely receive scripts specifying Amoxil 250mg capsules, replacing it with this stock line would also be futile.

However, if GSK could offer me a range of stock to be swapped, I could then select the products I do use and both our aims would be satisfied. There is as much point in me receiving in-date stock I never use in order to sit on the shelf until it once again goes out-of-date as it is for GSK to only supply stock it knows will ultimately be returned out of date.

E-pharmacy hits credibility gap

After the initial fuss last year I have heard little about the success or otherwise of dot.com pharmacies. Has the public embraced the electronic pharmacy revolution or have these companies had their fingers burnt, like many previously high flying dot.com companies in other sectors?

Whatever the answer, I believe that e-pharmacies, or even clicks and mortar portals, will take many years to establish themselves. Meanwhile, the anonymity of the web has allowed the less scrupulous to target the vulnerable and sell prescription drugs after little or no proper medical consultation (The Guardian, February 11).

Properly controlled, e-pharmacy will eventually establish a useful niche but mavericks are an inevitable result of such an open and uncontrolled market. The Guardian article exposed a number of sites in the UK selling

lifestyle drugs such as Zyban, Xenical and Viagra where a tick box system was all that was required before the industry's little miracles were despatched in their brown paper packaging. Ultimately it seems the Medicines Control Agency has to deal with any

offences committed but the outdated requirements of the Medicines Act were not designed to cope with e-trading. Meanwhile, exposing the miscreants makes good press but does little to provide the atmosphere of confidence necessary for the public to enthusiastically embrace this new service.

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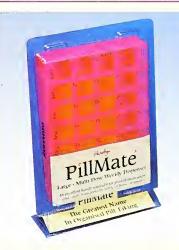
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Fighting the

Pharmacists expect income losses of up to £12,000 due to the 10p cut in the dispensing fee, but are determined to fight back on all fronts, the C&D Quarterly Business Trends Survey reveals

Pharmacists arc bracing themselves for NHS income reductions of £12,000 pcr year and potentially even higher, according to the latest CどD Quarterly Business Trends Survey. Two-thirds of

pharmacy owners on the panel expect to lose anything up to £9,600 due to the effects of the 10p cut in the dispensing fee.

A further 23 per cent say the latest reimbursement settlement could cost them up to £12,000.

There is a clear link between the size of the pharmacy and the owner's expectations of the monctary impact of the pay imposition.

Nearly 90 per cent of owners of small pharmacies (turnover of less than £350,000) anticipate that up to £6,000 could be wiped off their annual turnover.

This increases to £9,600 in the case of 68 per cent of mediumsized pharmacies (turnover of up to £1 million) and reaches the top level of £12,000 and above in almost two-thirds of large pharmacy owners.

But pharmacists also appear ready to fight back. Three tactics have emerged as pharmacists' main choice of method: a drive to increase OTC sales (45 per cent), sceking to secure more dispensing business (31 per cent) and running promotions (29 per cent).

Seventeen per cent of pharmacists are considering putting up prices.

However, the emphasis clearly varies between the different categories of pharmacy. Small businesses are most likely to adopt a promotions strategy (46 pcr cent), while 61 per cent of large pharmacies favour the "going-allout on improving OTC sales' approach.

Their optimism in relation to OTC medicines certainly seems to be backed up by figures from the survey for the last quarter of 2001.

Almost half of the panel said their OTC sales had increased, while only 16 per cent reported a decline. The resulting balance of +32 is a considerable improvement on last quarter, when the balance was only ± 12 .

Meanwhile, the vast majority of the pharmacists questioned (74 per cent) doubted that Hazel Blears, the Health Minister, would order a review of the pay deal imposed on contractors, while 7 per cent think she might.

There was only limited confidence in Pharmaceutical Scrvices Negotiating Committee's ability to win a judicial review. Only 13 per cent of the panel fancied PSNC's chances in this respect, while 53 per cent thought no such review would take place.

Another much-talked about recipe for improving turnover, especially in the aftermath of the abolition of RPM, has been the use of own-label products

But, while 80 per cent of pharmacists use them, in the clear majority of cases (64 per cent) they only account for less than 10 per cent of sales in the business.

The sales contribution from own-label products in percentage terms was greater in smaller pharmacies where they accounted for between 10-20 per cent of the pharmacy's turnover in more than half of all cases (55 per cent).

The panel was clearly divided on the issue of registering pharmacy technicians with the Royal Pharmaceutical Society. While 45 per cent supported the idea, 35 per cent were against such a move and 20 per cent remained unsure.

At the same time 34 per cent of the pharmacists questioned expect changes in the existing supervision requirements for the dispensing and sale of medicines. The figures were much higher for Scotland (46 per cent) and Northern Ireland (60 per cent).

A slightly smaller number (28 per cent) also anticipate a new payment system for contractors and a national repeat dispensing scheme to be introduced during the current year. Again, the figure was much higher for Scotland (54 per cent).

Chemist & Druggist **Quarterly Business** Trends survey in association with



Actual Vs forecast trends in margins 0 -10 -20 -30 -40 -50 -60 Actual Forecast -70 Q2 Q1 Q3 Q4 2001 2001 2001 2000 2000 2000 2001

fee cult

The panel

- Questionnaires were sent out to 500 pharmacy managers, of whom 212 responded.
- Sixty-eight per cent were independents, 23 per cent worked in small pharmacy chains with up to 20 outlets, while 7 per cent worked for large multiples with more than 20 stores.
- Eleven per cent of businesses had an annual turnover of less than £350,000. More than twothirds (68 per cent) earned between £,350,000 and £999,999, while 16 pcr cent fell into the above f, lm category.

If anyone still needed evidence that the number of prescriptions, and thus pharmaeists' workload, eontinues to increase, the CSDsurvey proved this point.

As many as 71 per eent of pharmacists saw their prescription volumes rise, while only 7 per eent stated the opposite.

The increase was particularly strong in the North East (including Yorkshire; 79 pcr eent) and the South West (83 per cent), while a comparatively low number of Northern Ireland pharmaeists witnessed any volume increases (40 per cent).

Meanwhile, margins continued to decline. More than half of the panel (57 per cent) said margins had been reduced, while for 9 per cent there had been an improvement.

As expected, the smaller shops with a turnover of less that £350,000 took the biggest hit. While 67 per cent of that category saw a drop in margins, no one reported a rise, leaving a balance of minus 67 (down from 53 for the last quarter). The balance was minus 39 per cent in the case of the larger, multi-million pound stores, which still represented a six-point drop compared with last quarter.

Northern Ireland and the Midlands appeared the worst affected areas, with not one pharmacist stating an increase, while Scotland topped the table with 23 per cent of the Scottish panel members reporting a rise in margins, ahead of Wales and the South West (both 17 per cent).

In traditional Christmas fashion, sales of fragrances, cosmetics and other toiletries improved considerably.

As an example, in general terms 27 per cent of pharmacists saw an increase in fragrance sales, while 35 per cent said sales were down. At first glance this may not seem impressive, but it is worth bearing in mind that the resulting balance of minus eight compares with minus 28 for the previous quarter.

The picture was similar for cosmetics.

Having said that, the trend benefited mainly the larger pharmacies with a turnover of more than £500,000, while the smaller chemists were definitely losing out.

The recent stream of heavy blows delivered to contractors is beginning to take its toll on pharmacists' traditional optimism about their own business prospects.

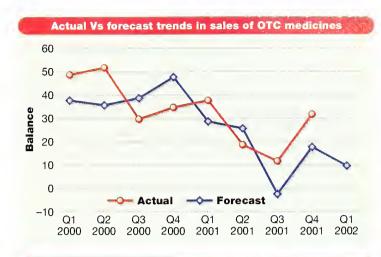
For once pharmacists were more pessimistic about the future of their pharmacy than the retail sector in general.

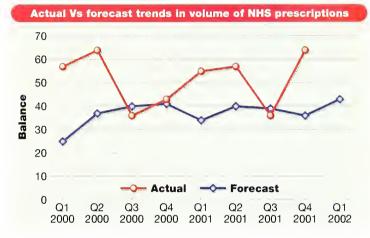
While 39 per cent (last quarter 33) of the panel declared themselves more pessimistic about their own future, only 31 per cent (last quarter 41) did so in relation to the retail sector as a whole.

However, pharmacists saw the chances for the retail pharmacy sector in an even gloomier light a staggering 60 per cent (last quarter 41) said they were more pessimistic than previously.

Pessimism was particularly widespread amongst small pharmacists, 71 per cent of whom were sceptical about the future for retail pharmacy (last quarter 24).

There was a slight rise in the number of approaches to sell in the last three months, with the vast majority being rejected (61 per cent).







Pharmacy intervention in diabetes care

Pfizer Consumer Healthcare launched a challenge to pharmacy students nationwide to give their thoughts on how to encourage patients to selfcare. Paul Aliu and Diarmuid Coughan of Sunderland University were selected as winners by a judging panel which included representatives from the OTC industry, the NPA and the RPSGB, as well as C&D Editor Patrick Grice. The winning paper, which follows, looks at how pharmacists can be actively involved in the management of patients with diabetes.

From the left: the judges - Pfizer Consumer

Healthcare Category Manager Barbara

D'Arcy, PAGB Director Sheila Kelly, and

C&D Editor Patrick Grice - with the prize

Hodgson, NPA Chicf Executive John

ype Il diabetes is present in 7-10 per cent of those over 65 years. In the UK, an estimated 95,000 new cases are diagnosed each year (that's one person every five minutes).

There are an estimated 1 million people with undiagnosed Type II diabetes countrywide. On average, a person undiagnosed for four to seven years will already have developed microvascular complications by the time the condition is recognised.

One of the findings of the United Kingdom Prospective Diabetes Study (UKPDS) was the lack of diabetes education amongst patients. This is particularly evident in the elderly and ethnic minorities. The follow-up of diabetes patients is usually the responsibility of the 'diabetes team' comprising of GPs, local diabetes nurse specialists, and dieticians. There is no formal involvement for community pharmacists.

However, the latter see diabetes patients up to five times more than any other healthcare provider, and are in a good position to be involved in the screening, care and management of the disease. Community pharmacists therefore have a role in the primary prevention of diabetes, detection of undiagnosed diabetes, prevention of complications and referral.

How involved are pharmacists?

A survey was conducted among 30 pharmacists in various multiples and independent pharmacies in the Sunderland and co Durham area to assess their involvement in diabetes management. One consultant, three GPs and a podiatrist were asked about their

perception of the role of community pharmacists in diabetes management. The survey revealed 80 per cent of pharmacists desired an extended role in diabetes management, all were selling glucose meters and testing devices, a third advertised the sale of the devices, and all of them were visited by more than 10 diabetes patients daily.

Lifestyle assessments were provided by 17 per cent of the pharmacists, and 6 per cent ran in store diabetic clinics. All felt that remuneration was required from the government for providing such a service. However, only 67 per cent of pharmacists interviewed felt confident enough to be involved in diabetes management.

Education

To be a functional part of the diabetes care team, a pharmacist may need to update their knowledge on the disease, be aware of the organisation of diabetes care locally and have relevant contact with other diabetes team professionals.

The use of posters and leaflets is vital to patient education in diabetes. In the community, pharmacists are an invaluable resource for information and advice. Certain pharmacies in the Sunderland area have a calendar month dedicated to diabetes awareness campaign, or hold periodic walk-in diabetes clinics.

Screening

Pharmacists are in the front-line to detect undiagnosed Type II diabetes as patients regularly visit pharmacies for OTC medication for vaginal thrush, cystitis, persistent skin infections which might be indicative of undiagnosed or peoply controlled diabetes. An early

intervention by the pharmacist would lead to appropriate tests being undertaken or a referral to a GP.

Medicines Management

Diabetes provides a useful platform for community pharmacists to take on the role of medicine managers as proposed in 'Pharmacy in the Future'.

Referrals

Being a first port of call in the NHS, community pharmacists should have names and numbers of relevant bodies and members of the local diabetes team. A pharmacist on the Local Diabetes Services Advisory Group could serve as a point of contact.

The cost burden of Type II diabetes was estimated in 1998 to be \$1.83 billion or 3.4 per cent of healthcare expenditure. This did not take into account days off work, cost of care and professionals, and hospital bills.

An economic evaluation of pharmaceutical care to patients with diabetes in the US by Gerber et al. (1998), taking account of healthcare utilisation and medication costs amongst other parameters showed a 22 per cent decrease in net costs.

In conclusion, there is a wide scope for the involvement of pharmacists in the diabetes care team. For overall best practice, the pharmacist has a responsibility to ensure a continuing level of knowledge, and an alliance with other healthcare professionals in delivering quality service in diabetes management.



(Pharmacyupodate)

Mary Allen, FRPharmS, describes a case of multiple mycloma in which expensive drugs proved life-saving, but then costs overrode the patient's convenience

Lucky to be alive



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1227), in association with multiple choice questions being published in C&D March 2, provides one hour's continuing education

Rose Perry is a 63-year-old professional woman who, by rights, should have already retired. However, she had lots of energy and still worked part-time in the offices above Jill Brown's community pharmacy. She also enjoyed a full family and social life. Each month she brought in a prescription for her own regular medicines. Because the items were expensive she phoned the pharmacy the day before she was due on duty, so that her items could be ordered from the wholesaler and be ready to be dispensed the next day. The prescription:

- Sodium clodronate (prescribed as Bonefos) 800mg bd
- Interferon alfa injections (prescribed as Intron A)
- Amlodipine 5mg om

With Rose?

Apart from her blood pressure problems, for which she is taking amlodipine, Rose has been prescribed two expensive drugs.

Sodium clodronate is a bisphosphonate indicated for use in patients with osteolytic lesions, hypercalcaemia and bone pain associated with breast cancer or in multiple mycloma. It is also indicated to be used intravenously for hypercalcaemia in malignancy.

Interferon alfa is indicated for use in various malignant conditions, including some solid tumours and those affecting the blood and bone marrow, as well as in chronic hepatitis of certain causes. The indications for Intron A include the maintenance of remission in multiple mycloma.

Rose underwent treatment

several years ago for multiple myeloma and had been maintained on the above treatment following a bone marrow transplant, after extensive chemotherapy.

់រៀម ខែ ការប្រជាជ្រង់ រ លេខ ១ម៉ែលកើរ ខុង រ

Multiple mycloma belongs to a spectrum of diseases characterised by the presence of a paraprotein in the serum, produced by abnormal, proliferating plasma cells.

Multiple myeloma is usually associated with older people and usually occurs when they are around 60. It is a complex illness involving an inter-relationship between the bone marrow, bone destruction and renal function.

- Bone marrow infiltration may take up more than 20 per cent of the bone marrow, resulting in anaemia, neutropenia (low count of the white blood cell, the neutrophil) and thrombocytopenia (low platelet count). The production of high levels of paraproteins may (rarely) result in hyperviscosity.
- Bone destruction occurs as a result of multiple osteolytic bone lesions and may cause fractures, hypercaleaemia, and sometimes vertebral collapse, which in turn may cause spinal cord compression.
- Renal impairment may result from a complex combination of factors, including deposits resulting from the high levels of paraproteins, hypercalcaemia and hyperuricaemia.

The symptoms of multiple myeloma include:

symptoms of anaemia

Continued on page 22

Children Towns

- To revise the pathophysiology of multiple myeloma
- To be aware of the symptoms of multiple myeloma
- To understand drug management
- To be aware of other uses of bisphosphonates
- To revise the properties of Interferon alfa



Pharacyupdate



Bone pain, particularly back pain resulting from vertebral involvement, is one of the common symptoms of multiple myeloma

Continued from page 21

(breathlessness, fatigue)

symptoms of neutropenia (recurrent infections)

• rarely, symptoms of thrombocytopenia (bleeding and purpura)

 bone pain, most commonly backache resulting from vertebral involvement.

Symptoms of hyperealcaemia are thirst, polyuria, confusion and constipation. The symptoms of renal failure are confusion, drowsiness, thirst, polyuria, nausca, anorexia and diarrhoea.

In the past, the prognosis for myeloma has been poor, with almost no hope of cure, and a median survival time of three years. However there are now a number of long-term survivors, following intensive radiotherapy and bone marrow transplantation.

What bond Rose

Rose had a history of bleeding problems. About 13 years ago she had undergone an emergency hysterectomy following a ruptured ovarian cyst, but needed further treatment to halt a bleeding condition and was subsequently diagnosed with what was thought to be Von Willebrand's Disease.

This is considered to be an inherited coagulation disorder involving a deficiency of a blood Factor VIII variant as well as defective platelet function. However, in Rose's case, the disorder has disappeared following her myeloma treatment.

Over the next few years she had other problems with bleeding, including a hacmorrhage into her knee joint after taking a non-steroidal anti-inflammatory drug for back pain. On this occasion

she needed a transfusion of five units of blood. A couple of years later she had several severe nose bleeds. She suffered from excessive tiredness, and a blood test showed a raised ESR level of 165.

On further investigation, multiple myeloma was diagnosed. She then underwent five cycles of chemotherapy with eyclophosphamide, vincristinc, doxorubiein, and methylprednisolone, followed by an autologous stem eell transplant (ie one involving stem cells from her own bone marrow). She was given a growth factor, in this case granulocyte colony stimulating factor (GCSF), and her stem cells were subsequently harvested and frozen. Her bone marrow then underwent a complete "wipe out" using a very high dose of the cytotoxic drug melphalan, followed by an infusion of her stem cells. This meant living in isolation in her hospital room, and having a "clean" diet. To minimise the risk of infection, food had to be very fresh, for example, bread more than a day old was not allowed.

Seven years on, Rose has frequent check ups, but remains well. She takes daily sodium clodronate (in the form of Bonefos eapsules) and self-injects with Intron A three days a week.

Pischosphonates

Originally, bisphosphonates were developed to bind calcium in various industrial processes such as those involved in making toothpaste. They are analogues of inorganic pyrophosphate. There are now several bisphosphonates on the market, mostly licensed for use in osteoporosis, but some have a role to play in reducing morbidity and pain in certain

In multiple myeloma, bone destruction may occur as a result of multiple osteolytic bone lesions, which lead to fractures, hypercalcaemia, and sometimes vertebral collapse (which in turn may cause spinal cord compression).

Bisphosphonates are useful in reducing problems such as pain or fractures associated with bone metastases in other cancers.

Around 20,000 women in the UK may have bone pain from metastatic breast cancer, while about 85 per cent of advanced prostate cancer patients and 65 per cent of lung cancer patients may develop bone metastases.

Bisphosphonates are powerful inhibitors of bone resorption, and they reduce the activity of the bone cells known as osteoclasts. Excessive osteoclastic activity causes lytic holes in the bones of breast and lung cancer patients, and sclerotic areas of thickened abnormal bone in patients with prostate cancer.

Bisphosphonates are used in palliative care in the treatment of hypercalcaemia of malignancy, and are now becoming important in the analgesic management of bone metastases. There is evidence that bisphosphonate therapy reduces skeletal complications, such as fractures in breast cancer and myeloma, and spinal cord compression from collapsed vertebrae, thus reducing the need for radiotherapy and surgery.

Clodronate and pamidronate are both licensed for supportive treatment in myeloma and breast cancer. In the USA, bisphosphonates are already widely used in breast cancer, but in the UK use is fairly random. Treatment costs are high – around £2,000 per patient per year – but this is partly offset by reduced costs of treating fractures and other complications.

Clodronate and pamidronate arc usually given by intermittent intravenous infusion monthly on an outpatient basis. Oral absorption of these bisphosphonates is poor – about 2 per cent on an empty stomach – although tablets do exist. Some patients prefer to take tablets rather than attend as an outpatient for intravenous infusion.

Side effects are rare: taken orally, bisphosphonates can cause severe ocsophagitis, and intravenously they sometimes cause hypocalcaemia.

Continued on page 24

NICOTINELL®TTS 10, 20, 30 NICOTINELL® FRUIT & MINT 2MG & 4mg CHEWING GUM NICOTINELL® MINT 1MG LOZENGE

NICOTINELL® MINT 1MG LOZENGE Presentations: Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm2) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg and 4 mg nicotine, in fruit and mint flavours. Mint flavoured nicotine lozenge containing 1mg nicotine. Indications: Treatment of nicotine dependence, as an aid to smoking cessation. Dosage and Administration: Stop smoking completely when starting treatment. Patch: For those smoking 20 or more cigarettes a day Nicotinell TTS30 (Step 1) once daily. Those smoking less should start with Nicotinel TTS20 (Step 2) once daily. Different strength patches permit a stepwise reduction in nicotine dose over treatment periods of 3-4 weeks with each strength patch, Maximum recommended treatment period three months (but if abstinence not achieved after three month period, further treatment may be recommended following a re-evaluation of the patient's motivation by a clinician) Gum: One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mc gum per day or 15 pieces of 4 mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed Lozenge: One lozenge to be sucked when th user feels the urge to smoke. Normally, 8-12 lozenges per day, up to a maximum of 2 lozenges per day. After 3 months, the use should gradually cut down the number of lozenges sucked. Children and young adults: To be used in people under 18 years only on medical advice. Contra-indications Non smokers, occasional smokers. As wit smoking, Nicotinell is contra-indicated durin acute myocardial infarction, unstable of worsening angina pectoris, severe cardia arrhythmias, recent cerebrovascular acciden skin diseases preventing patch applicatio and known hypersensitivity to nicotine Precautions: Hypertension, stable angin pectoris, cerebrovascular disease, occlusiv peripheral arterial disease, heart failure hyperthyroidism, diabetes mellitus, renal hepatic impairment, peptic ulcer, fructos intolerance (gum only), pheochromocytom (gum & lozenge only). Discontinue use if persistent skin reaction occurs when using th patch. Keep out of the reach of children at a times. Pregnancy & Lactation: To be use only on medical advice. Side Effects: Even which may be related to smoking cessation include headache, sleep disturbances, gastro intestinal disturbances, and myalgia. Nicotin Patches: most common adverse effects a reactions at the application site (usual erythema or pruritus). Nicotine Gum Lozenge: May cause throat irritatio hiccuping, minor indigestion or heartbur Legal Category: GSL. Product Licence No Trade Price and Suggested Retail Pric Nicotinell TTS10 (PL 0030/0107) in packs of patches £9.11, £15.99; Nicotinell TTS20 (F 0030/0108) two day starter pack £2.56, £4.5 7 patches £9.40, £16.49; Nicotinell TTS30 (F 0030/0109) two day starter pack £2.84, £4.9 7 patches £9.97, £17.49 and 21 patche £24.51, £42.99, Nicotinell Fruit 2mg Chewin Gum (PL 0030/0187) and Nicotinell Mint 2rr Chewing Gum (PL 0030/0189) in packs of £1.59, £2.79, packs of 24 £3.01, £5.29 ar packs of 96 £8.26, £14.49. Nicotinell Fruit 4n Chewing Gum (PL 0030/0188) and Nicotin Mint 4mg Chewing Gum (PL 0030/0190) packs of 12 £1.70, £2.99, packs of 24 £3.3 £5.79 and 96 £10.25, £17.99. Nicotinell Mi 1mg Lozenge (PL 0030/0146) in packs of £1.70, £2.99, packs of 36 £4.27, £7.49 ar packs of 96 £9.11, £15.99. PL Holde Novartis Consumer Health, Horsham, RH 5AB. Date of Preparation: Jun 2001



Just another way to help? Nicotinell were the first to introduce a ozenge to help smokers quit. Our sugar free lozenges are an ideal way to discreetly beat the craving. We have a range of patches, gum and lozenge so you can find what's right for your customers. We can also help in other ways; call the Nicotinell relpline manned by QUIT councillors on our free phoneline: 0800 917 3333. Or visit www.nicotinell.com. There's a better chance of quitting with Nicotinell.





t needn't be hell with Nicotinell®

📲 Construed from page 22

Alpha interferon is one of a group of proteins, called interferons, which are produced by the body. commonly as a response to a viral infection. Their role is to stimulate and strengthen the body's own immune system. In myeloma patients, alpha interferon can augment the ability of the immune system to attack the mycloma cells.

It is generally used following chemotherapy and stem cell transplant to help limit the growth of malignant plasma cells. Usually given by a self-administered injection three times per week, alpha interferon maintenance can potentially help prolong remission. Interferon alfa has also shown anti-tumour effect in certain cancers.

Side effects are dose-related and commonly include anorexia, nausea, influenza-like symptoms and lethargy. Myclosuppression may occur, and some patients suffer with cardiac side effects.

Rose tolerated the drug well, but found she tended to feel more tired on the day after an injection, and occasionally suffered some of the flu-like symptoms.

Other drugs sometimes used in managing multiple myeloma include thalidomide. It has been tested mainly in patients who have relapsed or whose myeloma is resistant to other treatments, with some encouraging results, although side effects may restrict its use. Side effects include sleepiness, dizziness, constipation, neuropathy, low white blood cell counts and rashes. The use of thalidomide as a first-line treatment is also being tested.

After a while, Rose received a letter from the health authority telling her that her Intron A would no longer be available via FP10 from her GP, and that in future she would have to collect her injections from her haematologist at the hospital.

This was as a result of a cost

- 1. Do you carry stocks of infrequently called for, expensive items? Do you encourage patients prescribed such drugs to "pre-order"? 2. Consider how you would approach such a patient to "prcorder". Should you request prior information about CDs, especially for addicts, which may become targets for burglary? 3. How do you feel about limiting the availability of expensive drugs in the community? Discuss this with your peers.
- 4. Have you any patients with multiple myeloma? If so, list them in your practice workbook, together with their drug regimen. How does their medication differ from Rose's? 5. Find out more about Von Willebrand's disease. Review the BNF section (6.6) concerned with drugs affecting bone metabolism.
- 6. Try to find symptoms and causes of hypercalcaemia. Review treatments (BNF 9.5 1.2).
- 7. Review the functions of osteoblasts and osteoclasts and how they are involved in bone composition (see also CどD Update, January 26). 8. Find out more about
- paraproteins.
- 9. What is a normal ESR?

reduction exercise and affected patients on high-cost drugs of a type frequently initiated by a hospital specialist. So, after the convenience of collecting her injections from Jill's pharmacy on her way to work, Rose was now faced with trekking off to the hospital each month, and taking a half-day's leave in order to do so. Rose felt that this inconvenience was almost worse than any of the drug's side effects!

The fee for this article has been donated to the International Myeloma Foundation

Actionplan CLO - proving granny right

Researchers have discovered how cod liver oil improves arthritic symptoms, proving what people have known for years.

An abstract of a study done by researchers at Cardiff University has been released, before publication of the full paper later in the year in Arthritis and Rheumatism.

The omega-3 fatty acids in cod liver oil have been found to inhibit the enzymes that degrade cartilage, thereby slowing the process of cartilage destruction.

Professor Bruce Caterson said: "Our most recent work shows that by exposing human ostcoarthritic cartilage to cod liver oil in the laboratory for 24 hours we can reverse the action of the aggrecan and collagen degrading enzymes and inflammatory factors affecting the tissue."

A spokesman for the Arthritis Research Campaign said: "We are currently directing a share of our research grants to the



Granny knows best: taking cod liver oil can help keep joints supple

investigation of non-drug therapies. We are delighted that something as simple and noncontroversial as cod liver oil has the potential to bring relief and restore quality of life to so many."

For more information: www.arc.org.uk

CSM rules on autism

An independent, scientific advisory body has said that there is no evidence to support a link between the measles, mumps and rubella vaccine and autism or bowel diseasc.

The Committee on Safety of Medicines has reviewed three recent UK-based epidemiological studies looking at more than 500 children with autism.

The key findings are: the percentage of autistic children with regression and bowel problems, and their combination, remains the same whether they receive MMR or not

the age at which parents first become concerned about children subsequently diagnosed with autism is the same in those who

receive MMR and those who do

The CSM also said that recent research looking for evidence of the measles virus in bowel specimens had "potential weaknesses".

 The Medical Research Council is to receive an extra £2.5 million for research into autism. This will focus on large population studies to examine the effect of genetics and environmental factors and the long-term effects of the spectrum of autistic disorders. However, the money will not be used to investigate any link with the MMR vaccine.

For more information: www.doh.gov.uk

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 2 issue, which will cover this week's CPP-accredited module, ingether with that in the February 9 issue

Respiration (1226) Multiple myeloma (1227) A telephone marking service offers independent verification of results - details on the monthly MCQ papers. People wanting to register for Pharmacy Update can ontact Mary Prebble on 01732 377269.



GENUS PHARMACEUTICALS



A Chemist & Druggist educational service, accredited by the College of Pharmacy Practice, offers:

- hour-long seminars on topics ranging from diabetes to Parkinson's disease
- each seminar contains a voiceover, interactive elements, and an online examination
- personal electronic files that record CPD details
- certificates e-mailed to students after each exam success
- passwords and usercodes maintain security
- over 30 hours' worth of seminars online by the end of the year
- online registration and payment.

What's the price?

An annual subscription to iCE costs £48.00. This includes access to at least 30 accredited seminars in any 12-month period, your own electronic learning file, and certification for all modules successfully completed.

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Go to Dotpharmacy (www.dotpharmacy.com) and click on the iCE logo. Register as a visitor and you can access a free seminar. If you pass the exam at the end of the seminar you will be emailed your own certificate for one hour's continuing education.

Just click on the 'new users register' button on the iCE front page...

For further details contact Mary Prebble on 01732 377269.

ketwatch

ontshop

Spray relief from Germoloids

Haemorrhoid brand Germoloids launches a new spray product next month.

Bayer Consumer Care says Plicensed Germoloids HC Spray will be the only OTC haemorrhoid spray in the UK and its "no touch"

application proved popular in prelaunch testing.

The spray format reduces the risk of cross-infection and is more hygenic for users, while the fact that the spray is non-aerosol helps prevent skin irritation.

> As well as its local anaesthetic content, Germoloids HC Spray contains antiinflammatory hydrocortisone to help reduce swelling.

Brand manager Matthew Rich said that in testing "HC Spray was seen as an ideal 'no mess' treatment to be used in addition to existing formats.' Price: £6.99 for 30ml

Laser Healthcare Tel: 01202 449700.



Cough, cold & flu FORECAST



Advisory

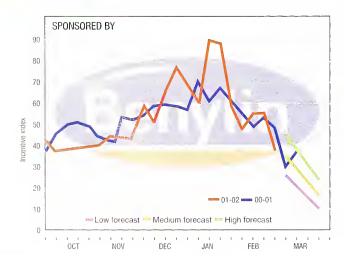
KEY FACTS

- All UK Cities now on Advisory status
- Incidence levels for all symptoms have decreased
- Coughing and Sore Throat are the most common symptoms

reported

Information updated weekly by SDI

Benvlin



Lypsyl is relaunched

Novartis Consumer Health has relaunched its Lypsyl lip salve with a new formulation, new packaging and a new flavour.

The new formula includes aloe vera and vitamin E and the packaging features a new logo and a range of fruity icons with colourcoding for flavours. The company has also added a peach flavour, which joins strawberry, cherry, lemon, mint and original.

Point of sale outer dispensers are available for each flavour as well as mixed pack variants.

Price: £1.20

Novartis Consumer Health Tel: 01403 218111



Inbrief

Cut-price film for pharmacy

Kodak is offering pharmacies an exclusive promotion via Chemist Brokers. Special price-marked packs of Kodak Gold 200 film will give customers 24 exposures for £2.99 instead of the normal £4.29 during key periods through 2002. The promotion is available with an eyecatching counter merchandiser holding 20 films and there is also an A3 poster and till wobbler. The first period for the offer is late March, in time for Easter.

For more information:

Chemist Brokers Tel: 02392 222579

Take an eye q test

The fish oil supplement eye q from Equazen is being used in a double-blind clinical trial in Durham which is investigating the role of fish oils in treating learning and behavioural disorders. The study, among more than 100 school children, is being funded by the local education authority, the Dyslexia Research Trust at Oxford and the Dyspraxia Foundation. eye q contains hi-EPA marine oil and virgin evening primrose oil.

For more information:

Equazen Nutraceuticals Ltd Tel: 01256 799770.

Nutriplus range helps boost recovery

Nutricia Life, a new division of Nutricia Clinical Care, is launching a nutrition drink and bar formulated to aid the recovery process.

The NutriPlus range contains a balance of energy, protein, vitamins and minerals to help adults and children meet their nutritional needs during and after illness.

NutriPlus is available as a drink mix to which milk is added, in a "ready to drink" can and as a chocolate bar. The Drink Mix is in four flavours and the Ready to Drink Can and the bars come in two flavours. Each serving contains more than one-third of the RDA for adults of vitamins and minerals as well as six antioxidants.

The range is suitable for adults, and children over the age of three.

Pharmacy initiatives include point of sale material and pages on the NutriPlus website. Prices: Nutriplus bars, £0.99 for two;

Nutriplus Drink £0.99 for 250ml; Nutriplus Mix £2.49 for four 36g sachets.

Nutricia Clinical Care Tel: 01225 768381. www.nutriplus.co.uk

Nutricia Life helpline:Tel: 08457 623 686.



The new Gaviscon 600ml offers consumers our best ml per ml

RECKITT BENCKISER

lue. And your pharmacy is the only place they can get it. So you can bank on the new bigger ttle bringing in big returns - especially when you merchandise it front of counter.

e Gaviscon 500ml bottle is now being solely distributed by Britannia Pharmaceuticals. u will notice the labelling has changed to reflect its dispensing status.

stock up on the new 600ml. You can bank on it!

BRITANNIA



(Sandines)

ImmuCyst stock now licenced



Licensed stock of ImmuCyst 81mg (Connaught strain of BCG) is now available in the UK from Cambridge Laboratories.

ImmuCyst, which is licensed for the treatment of carcinoma *in situ* of the bladder and for Ta and/or T1 papillary tumours following transurethal resection, was previously only available on a named-patient basis.

Price: £89

Pack size: one vial Pip code: 286-0203 Cambridge Laboratories Tel: 0191 296 9369.

Tritace gets titration pack

Aventis Pharma will introduce a Tritace (ramipril) titration pack on March 1.

It contains 7 x 2.5mg, 21 x 5mg and 7 x 10mg capsules. The recommended dose is 2.5mg daily for seven days, then 5mg daily for 21 days, followed by a maintenance dose of 10mg daily. Price: £13

Pack size: 35 capsules Pip code: 285-9205 Aventis Pharma Tel: 01732 584000.

Nystaform out of stock

Nystaform cream and Nystaform HC cream and ointment will be out of stock for approximately four to six months, due to manufacturing problems.

For more information:

Typharm Tel: 01202 734100.

Galen Zemtard

There is no date for when Zemtard (diltiazem) 180mg XL capsules will be back in stock, says Galen.

The shortage is due to a problem in obtaining stocks from the supplier, although other strengths are not affected, says the company.

For more information:

Galen

Tel: 028 3833 4974.

Frontshop

Ice cool Macleans has second showing

Macleans Ice Whitening is back on TV with a second showing of its Cool As Ice ad, featuring a surreal ice world. The £720,000 campaign runs from today (Feb 23) to March 2 and from March 9 to 16 in all regions.

The 30-second ad is aimed at all whitening users, especially those

aged 18-34, and shows young men and women moving around the ice world, with one couple kissing and melting the ice to reveal the Ice Whitening pack

Launched six months ago, the toothpaste contains Triclene to help restore and maintain the



natural whiteness of teeth, with a fresh tasting gel to leave the mouth feeling icy cool and

Price: £1.99 for 50ml; £3.15 for 100ml.

GlaxoSmithKline Consumer Healthcare UK Tel: 020 8047 2700.

Malibu spends £1 million on TV



Malibu, the leading budget suncare brand, is investing £1 million in a national TV campaign this summer.

The 10 and 20-second advertisements will reinforce the brand's quality and value for money and will be on air from May until August. Malibu sun lotions are priced from $\mathfrak{L}3.49$.

Managing director David Reiner said: "With the brand's strengthened national distribution and high acceptance for its consumer-friendly pricing, the time is right to use television advertising to expose this successful brand to a much wider audience."

For more information:

Malibu Health Products International Ltd Tel: 020 8758 0055.

Merchandising training from AAH

AAH Pharmaceuticals is launching a programme of merchandising training for pharmacy staff.

The company says merchandising is particularly important for independent pharmacies and the course has been designed to provide vital front of shop knowledge.

The programme consists of three modules, covering basic and advanced techniques, and is set to run at locations away from the pharmacy in a fun, interactive format.

The basic module – Preparing for Success – offers a taste of skills such as selling, team building, customer care and understanding merchandising, including topics such as store layout and traffic flow, promotions and customer expectations.

The advanced modules offer a more detailed look at merchandising, covering category management, window display, planning a store and preparing for a full refit

Courses are run throughout the year at locations across Great Britain and the cost for Vantage members is £90 for one delegate or £160 for two. AAH members pay £120 for one delegate and £200 for two.

For more information:

AAH Pharmaceuticals Ltd

Tel: 024 7643 2346.

Help customers to Quit & Win...

The charity No Smoking Day has launched the UK Quit & Win competition, sponsored by Pharmacia, maker of Nicorette.

Quit & Win is an international contest which aims to recruit one million quitters worldwide by challenging smokers to give up for at least four weeks from No Smoking Day (March 13) to April 12. Twelve regional winners in the UK will win £1,000, with an overall

winner receiving £5,000 and going forward to the global draw for \$10,000.

Information and entry forms will be available at pharmacies and GP surgeries and smokers can also enter online and at local events.

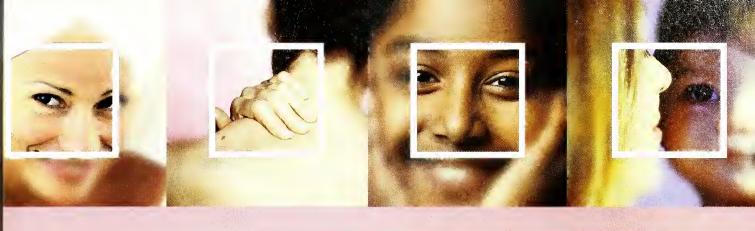
Belfast community pharmacist and vice-chair of the Pharmacy Healthcare Scheme Dr Terry Maguire said: "Pharmacists are very well placed to offer support to anyone wishing to give up smoking and many have also received specialist training in smoking cessation. They can provide valuable advice and counselling as well as information on the full range of NRT products available."

Nicorette is available as nasal spray, gum, patches, inhalator and microtabs.

For more information:

www.nosmokingday.org.uk





MOEMAS



- 15.0% Increses the salve Hite in a subsector a
- New Presentine (Storogarden in 2019)
- Distributed in the UK by (From 15 + Species a division of Food 3 o hers





Soothing new trio Fat Magnets improve on from Avent



Babycare specialist Avent has introduced three new soother ranges.

The Avent Bear features in his own range, while Designs has chicks, rabbits and dinosaurs. The Night Time Soother range, with glow-in-the-dark handles, shows a moonstruck dog and cat, woodland creatures and sleepy moons.

Prices: Bear and Designs soothers £2.79 for 0-3 months and three months plus; £2.99 for six months plus; Night Time Soothers £2.99.

Cannon Rubber Ltd Tel: 01787 267000.

Fruisana avoids the rush

Fruisana Fruit Sugar has been relaunched with new, modern packaging. Based on naturallyoccurring fructose, Fruisana Fruit Sugar can be used in the same way as normal sugar, and as the energy is released slowly, it avoids the highs and lows associated with normal sugar intake. It is twice as sweet as regular sugar, so only half as much is needed.

Price: £0.89 for 250g. Britannia Health Products Ltd Tel: 01737 773741.



New health catalogue

Consumer demand has prompted a new edition of the Home Health catalogue from AAH Pharmaceuticals.

The 2002 edition of the catalogue provides more practical tips and advice on subjects such as natural

pain relief and mobility aids, to maternity, leisure and exercise. The catalogues cost £6.00 for 20 and point of sale kits are £5.00 each.

For more information:

Home Health Hotline Tel: 0845 6074499.

Clean lenses in a blink

Allergan is launching an in-eye solution, allowing people with extended-wear contact lenses to clean them without taking them out.

Complete Blink-n-Clean is formulated to help remove lipid and protein build up which can cause irritation. The solution has low

surface tension to remove debris. and high viscosity to enhance comfort. By reducing lens handling the product adds to the convenience of extended-wear lenses.

For more information

Allergan Ltd Tel: 01494 444722..

absorbtion levels

a new look and improved formulation for 2002.

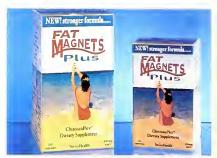
Fat Magnets Plus contain chitosan, a fibre derived from shellfish shells. When taken prior to a meal, the capsules can absorb a proportion of the fat in the food being eaten, allowing it to pass naturally through the digestive tract.

New ingredients in the formula include oat bran, locust bean gum and lactic acid and the company says independent tests show that each capsule can now

SwissHealth has given Fat Magnets absorb 3.5g of fat compared with the previous 3.18g.

> Price: £18.95 for 100 capsules; £29.95 for 200.

Chemist Brokers Tel: 02392 222500.



Bassett's Soft & Chewy Vitamins: GMTV, C5, Sat

Blistex: GMTV

Clearblue Pregnancy Test Kit: All areas + C5 except GTV, U, CTV,

C4. W

Eumovate: B. G. Y. HTV. TT

Fybogel: GMTV, Sat

Gaviscon Tablets: All areas

Haliborange: GMTV Imodium: All areas

Kalms: GMTV, Sat, C5

Lucozade Sport: All areas except U, CTV, C4, GMTV

Macleans Whitening: All areas except U

Movelat Relief: C5

Neutrataste; G, Y, A, M, LWT, TT, C4

NiQuitin CQ: All areas except U, CTV, W

Nivea Hand Age Defying Crème Q10: All areas

Nivea Soft: All areas except C5. Sat

Nytol Herbal: All areas

Olbas: C5, Sat

Pearl Drops: All areas + C4, C5, Sat

Senokot: All areas

Sensodyne Gentle Whitening: All areas except U, CTV

Sensodyne Total Care: All areas except U, CTV Seven Seas Cod Liver Oil: G, Y, A, M, LWT, TT, C4

Venos: GMTV

Wilkinson Sword 3D Diamond: GTV, STV, B,G,Y,A,W,TT, C4,C5, Sat

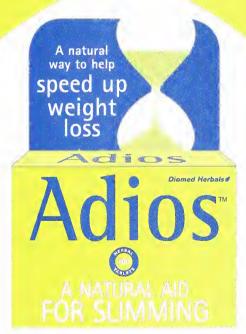
PharmaSite for next week: Zovirax & Thornton & Ross Care Range - Window, Midrid - In-store, Thornton & Ross Care Range -Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



NATIONAL ADVERTISING CAMPAIGN

MAKETHEIR WEIGHT LOSS VIR GA//



fucus, boldo, butternut and dandelion root

Adios herbal tablets contain natural ingredients which act on the body's metabolism, to help speed up weight loss.





Ple se e-mail your views to chemdrug@cmpinformation.com

Look carefully before you leap forward

I read with great interest the article on LPS by Dr Darrin Baines (C&D, Feb 9 p32).

Although it is most informative, I would like to ask for clarity on one point. In the article an example was given of a pharmacy with an NHS turnover of £250,000 bidding for an LPS contract of £270,000 for providing its existing dispensing service plus some new services.

Surely the reimbursement of drugs and appliances will still be carried out by the PPA, and just the service element removed from the payment?

If this is the case then the bid of £270,000 is enormously high compared to the normal profit margin associated with an NHS turnover of £250,000 – if there's any real profit at all!

On the other hand, if the bid incorporates the net ingredient cost (NIC) of dispensing all NHS prescriptions at the premises, then this raises far more concerns, both

Dr Darrin Baines replies:
"We have to be careful when
making statements about the likely
operation of LPS until the scheme
is finally launched later this year.

However, from the information available at present it seems that NIC will not be included in LPS budgets, as drug monies are held in local practice budgets.

Therefore, LPS is simply pharmacy remuneration money.

When constructing a pilot, the local PCT can agree a funding formula that either includes a dispensing fee, a cash-limited budget or new incentives, or a mixture of all three.

If the DoH agrees to the bid, the PPA will still process all prescriptions dispensed by the pilot and will be able to calculate what the income would have been if payment were made using the national dispensing fee.

PCTs can use this information to calculate whether the pilot is doing less dispensing in order to control costs once its remuneration system has changed.

On the issue of money, LPSs have to meet local needs, improve access and be cost-effective. However, there is currently no official ruling that states pilots must earn less (or no more) than

to the contractor's ability to meet the terms of the contract, and to alleviate the presure to act in a less than honest manner such as by taking all high NIC prescriptions to a local non-LPS contracted pharmacy. Also, it should be kept in mind that with growth at around 5 per cent per annum, the bid would need to be around 250,000 + 12,500 + 1,3125 = £275,625 for year three of the contract to be equivalent to the first year's bid figure.

Dr Baines did mention that LPS contracts needed flexibility built in, and that their success depended to a great extent on the skills of the contractors to understand the full costs involved, but it seems that perhaps greater clarity and understanding is needed at ground zero even before anyone takes the first giant leap forward.

Steven Curtis MRPharmS Stanmore

their current income. In my mind an uplift of 15 per cent in NHS income seems sensible given the extra costs involved in running such scheme.

Be warned, we will not know whether my viewpoint is factually correct until the scheme is launched and pilots are chosen.

In the meantime pharmacists should heed the contribution of individuals like Mr Curtis, who are on the ball with the reform agenda."

More information needed, please

We would like to commend the Society for its publication in $C \in D$ (January 26, p5) of details showing how the £1.458 million raised by the increase in the retention fee for 2002 will be used.

At last year's Branch Representatives' Meeting we called for more openness in accounting and finance, and this gives a clear declaration of intent regarding the spending of this money. We hope that a similar policy of openness will be shown with future financial commitments by the Society.

The commitment of funding in this manner will require some performance monitoring and management, which we have no doubt will be carried out "inhouse". We do, however, feel that RPSGB members have the right to know more details of what they can expect for their money.

The details given provide the skeleton. We would like to see more "meat" on the bones and hope that the departments responsible for handling the different budgets will publish an action plan stating their objectives and timescales.

We strongly believe that the Council has a responsibility to put down markers for its members, so that progress to the completion of each activity can be measured and value for money can be judged.

Graham Hill, Dr Andrew Hersom

Dr Brian WellsPaul McGorry Joanna Peacham Hull and District Branch, RPSGB

Advanced nfo

FEBRUARY 26-27

Direct to Consumer Pharmaceutical Marketing and Communication, Café Royal, London. Tel: 020 7840 2700 for information.

FEBRUARY 27

UK Clinical Pharmacy Association's Surgery & Theatres Group Study Day, *The Surgical Directorate Pharmacist*, the Comfort Inn, Birmingham. Tel: 0116 277 6999.

FEBRUARY 28

UK Clinical Pharmacy Association's Critical Care Group Study Day, *The Basic Principles of Critical Care*, the Radiology Suite, Leeds General Infirmary. Tel: 0116 7 6999.

MARCH 7

Opportunity Knocks for Primary
Care: Modernising Care in the NHS,
a one-day conference and exhibition
organised by the National
Association of Primary Care at the
Royal College of Physicians,
Regents Park, London. Tel: 020
7636 7228 or
www.primarycare.co.uk

MARCH 12

Royal Society of Medicine's pharmaceutical medicine and research section: *Pharmaceutical Tales*, 9.45am at 1 Wimpole Street, London. Tel: 020 7290 3935/2985.

MARCH 14

Drug and Therapeutics Bulletin Symposium, Who are the experts, where is the expertise?, The Royal Institute of British Architects, Portland Place, London. Tel: 020 7770 7571.

MARCH 14-15

Pharmacovigilance: ADR Monitoring in Europe and the USA, Le Meridien Hotel, Piccadilly, London. Tel: 01483 536424, or www.management-forum.co.uk

MARCH 16-17

Local Health Care Co-operative Pharmacists' Conference, the Hilton Dunblane Hydro. Information from Findlay Hickey. Tel: 0131 556 4386.

March 17

RPSGB SE England Regional Conference at the Jarvis Hotel and Country Club, East Grinstead. Health Risk Assessment. Further information from Gillian Arr-Jones. Tel: 01273 473750.



Mawdsleys has financed three pharmacists over the years to purchase businesses in Bramhall. David Day originally bought two. He sold to David Daly and added a third. Nailesh Patel has bought all three. Toasting Nailesh's future success at the Fir Road Pharmacy are (from left to right): Tony Gentle, retail consultant, Mawdsleys, Nailesh Patel, Howard Minton, David Day and Mawdsleys' marketing manager, Philip Bradley



Calling it quits

The Government has identified smoking cessation services as an NHS priority. The role that pharmacy could play has been noted, but pharmacy input remains patchy

A number of milestones are coming up in the Health Service's drive to curb nicotine addiction in 2002, but will they be achieved?

After the chief medical officer identified smoking cessation as one of the top 13 priorities for the NHS in May 2000, initiatives came thick and fast. The NHS Plan in June 2000 sct two

to help 50,000 smokers quit, four weeks after starting smoking cessation intervention, by March

to deliver a decrease of at least 1 per cent in the proportion of pregnant women who continue to smoke during pregnancy (in 2001-02 compared to 2000-01).

The National Service Framework on CHD provided a performance assessment framework for smoking cessation services, while the NHS Cancer Plan outlined new specialist smoking cessation services and heralded the availability of NRT on prescription. It also called for every primary care trust to have a trained healthcare professional in place by 2002 to support smokers wishing to quit.

Some £50 million in ringfenced funding has been thrown at smoking cessation services in England and Walcs over the past three years. HAs arc due to receive £20m in 2001–02. The DoH claimed last July that 540



Over £7,000 prize money is offered in four categories. Visit www.visions-of-science.co.uk

smoking cessation co-ordinators were in post by March 2001 (they are listed at www.doh.nhsweb.nhs.uk/nhs smokingcessation. Since this is a restricted site it is of little help to

community pharmacists).

However, towards the end of last year there were concerns that funding uncertainties were taking smoking cessation services to the brink of collapse. By November no indication had been given as to how services were to be funded from this April, other than from general allocations. The DoH has since announced £20m for smoking cessation in 2002-

2003. Professor Robert West, coauthor of the Government's smoking cessation guidelines, also claimed that only £13.5m had been made available for 2001-02.

General practitioners were able to prescribe NRT from April 17,

"By November no indication had been given as to how services were to be funded from this April"

2001, and 23,000 nurse prescribers came on stream from May 1. It was not a development pharmacists welcomed, as many felt their NRT sales would be adversely affected. It hasn't turned out that way (see market statistics p37).

Despite the fact that smoking cessation was long ago identified as an area where pharmacies could make an impact, pharmacy involvement in NHS smoking cessation initiatives remains patchy.

Unpublished data from a Pharmacy Healthcare Scheme survey on health development activity has identified only 58 pharmacy smoking cessation projects across the UK, 44 of them in England. These range from pharmacy-based clinics to more ambitious schemes such as the "Trash the Ash" scheme in Hull & East Riding HAZ which involved local newspaper activity.

The reluctance of PCGs to fund pharmacy-based services, and a tendency to put the money into surgery-based options, has

Continued on page 34

Continued from page 33

confirmed the fears of some pharmacists that GP-dominated boards are not prepared to consider other local service providers.

The situation was considered serious enough for the Royal Pharmaceutical Society to raise the issue with Health Secretary Alan Milburn two months ago. To date there has been no response.

However, for contractors faced with the prospect of negotiating local pharmaceutical service agreements, smoking cessation is still an attractive opportunity. Under patient group directions any primary care organisation can authorise nonclinicians to supply NRT under agreed protocols. Back in July 2000 the DoH said "... in due course NRT products may become part of the Nurse Prescribing Formulary and HAs may elect to put in place PGDs which would enable specified health professionals to supply NRT".

Despite the fact that the Pharmacy Healthcare Scheme last year issued comprehensive guidance, including draft protocols for PGDs, there is little evidence that it has been widely used (the guidance can be obtained by phoning 020 78203213 or e-mailing PHS@rpsgb.org.uk). PHS is currently carrying out a survey to find out how much uptake there has been.

Boots was one of the larger players to identify a service opportunity, and last year launched the Pro-Change scheme to an audience which included representatives from two-thirds of all health authorities.

The company now has "a number of successful contracts", says project manager Tracey Thornley. Birmingham is one area where the programme has been adopted, and not just through Boots' stores – over 40 non-Boots outlets have been included in the scheme.

Nationally, Boots offers the programme through 150 stores, and will continue to operate it (it is provided in conjunction with Public Management Associates) for at least the next couple of years.

"There will be a lot of changes with PCTs taking over this year," says Ms Thornley. "It provides another opportunity to promote the pharmacy gatekeeper role as an introduction to more specialist services."

Pushing for top

GSK has invested heavily in NRT and it looks as if the move is beginning to pay off

GSK's Niquitin CQ started the year on a high note, with weekly IRI data for w/e January 13 for chemists (including Boots) and multiple grocers showing that it had pipped Nicorette to become the UK's best-selling NRT brand. It had a 44.1 per cent share of sales in the New Year peak compared to its rival at 40.5 per cent.

GSK has invested substantially in NRT and will continue to do so. Senior brand manager Tess Player says Niquitin will be supported by a £10 million above the line promotional budget this year. Advertising spanning TV, radio, press and outdoor media (one in five poster sites) is running, supported by new point of sale material in-store. The £5m national TV campaign currently on air will continue until March, pushing the 4mg Lozenge launched last November. Press advertising around No Smoking Day will be more patch-focused.

The launch of Niquitin CQ Lozenge has almost doubled the brand's market share since it was launched. In 12 weeks it has taken a 20.7 per cent value share of the total pharmacy market for NRT.

A key message is to get the dosing right. This is determined by "time to first cigarette", an

effective indicator of physical dependency. The 4mg lozenge is for those who light up within 30 minutes of waking, the 2mg strength for the less dependent.

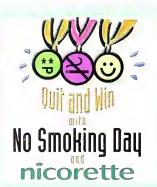
Quitters are encouraged to follow a 12 week step-down dosing schedule. A Committed Quitters Stop Smoking Plan is available, sent in instalments.

Ms Players says pharmacy sales of NRT have suffered little as a consequence of P to GSL switches and NRT availability on prescription. Low-income groups who would not buy NRT are taking the prescription route.



Pharmacists and their staff are noticeably more confident about encouraging people to give up smoking, she says. She also believes that patient group directions are having an influence. Training events remain well supported — over 100 are planned this year.





A day to trash the ash

March 13 will be the UK's 19th No Smoking Day. Three-quarters of smokers say they would like to quit, and the organisers of this year's event hope over a million people will make their attempt in March. This year incentives to quit include a link to

www.yourschoolreunion.co.uk, to reunite smokers with school friends they became addicted with. Quitters also have a chance to win up to £5,000 in an international "quit and win" contest (see also pages 28/36).

For more information:

www.nosmokingday.org.uk

New NiQuitin CQ 4mg Lozenges offer unsurpassed NRT quit rates

When your customers want to quit once and for all, you might be their best chance.
For those who normally smoke within 30 minutes of waking, a recommendation for new
NiQuitin CQ 4mg Lozenges can triple their chances of quitting compared with placebo.
What's more, success rates with good compliance can be over five times greater than with placebo.

With NiQuitin CQ 4mg Lozenges you offer a success rate unsurpassed by any other form of NRT.12 End of story.

*Measured at 6 weeks, users taking more than the median dose (8.2 4mg Lozenges per day) during the first two weeks of treatment.

Help bring smoking to a full stop



NiQuitin CQ™ 2mg Lozenge available for those who smoke after 30 minutes of waking

AQuitin CQ Lozenge Product Information. Presentation: White, it and lozenge, aviilable in two strengths: NiQuitin CQ 2mg Lozenge containing 2mg nicotine (as 11.1mg nicotine polacrilex) marked NL2 on one side and NiQuitin CQ 4mg Lozenge containing 4mg nicotine (as 22.2mg nicotine polacrilex) marked NL4 on one side. Indications: Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop-smoking behavioural support programme. Dosage and administration: Adults: Users must stop smoking completely. NiQuitin CQ 2mg Lozenges are suitable for those who smoke 30 + mins after waking and NiQuitin CQ 4mg Lozenges are suitable for those who smoke within 30 mins of waking. Treatment is in 3 steps. Step 1 (weeks 1 to 6), start with 1 lozenge every 1 to 2 hours. Step 2 (weeks 7 to 9), step down to 1 lozenge every 2 to 4 hours. Step 3 (weeks 10 to 12), step down to 1 lozenge every 4 to 8 hours. Over the next 12 weeks, use 1 to 2 lozenges per day only on occasions when strongly tempted to smoke. During weeks 1 to 6 it is recommended that users take a minimum of 9 lozenges per day. Users should not exceed 15 lozenges per day. Do not use for more than 24 weeks (6 months); if users still feel the need for treatment, they should consult a physician. Place 1 lozenge in the mouth and allow to dissolve. Periodically move the lozenge from side to side in the mouth until completely dissolved (approximately 20.—30 minutes). Do not chev or swallow whole. Do not eat or drink while a lozenge is in the mouth. Contraindications: Use by non-smokers, children and adolescents under 18. Those with phenylketoruna, recent heart attack or stroke severe irregular heartbeat, unstable or wors ning angina, resting angina. Hypersensitivity to nicotine or any of the ingredients. Precautions: Use only on doctors advice if the user has hypertension; reptic ulker, severe kidney or liver impairment, pheochromocytoma hyperthyroidism, diabetes, addovascular disease (e.g. heart failure, stable ancina,

metabolises to phenylalarine, for this a lo colium diet each dose contains 15mg sodium. Users with a the exposition distribution describes or people in a second or pharmacon describes or people by a second or exace.

No known effects on ability to drive but smoking as also itself can rause believe in manage. Interactions: Concomitant medication may need dos adjustment affejne, believe helding in the pentazoone, phenacetin, phenyibutazone, insulin, tarkine, clambramine, olar some, microare increase Proposyphene, frusemine, and decrease ad feet growings abbutamol) may need dose increase. Proposyphene, frusemine and H, antagon Ns in a sor poling close adjustment as smoking may after their effects. Side effects of the close caused by the effects of nicotine which are dose in protein a to those caused by the effects of nicotine which are dose in protein a feet may be included with the effects of nicotine which are dose in protein a feet may be included with a solid protein and the result of the effects. Commonly reported adverse events include themselved in the result of the protein adverse events include general malaise skin is she included the result of the protein and the strength of the strength should be made legal category. Product licence number NiQuitin CQ 2 mg Lozenge PL 00079/0369, NiQuitin CQ 4 mg Lozenge PL 00079/0369, NiQ

References: 1. Data on the GiaxoSmithKine, 2000, 2. Silagy C, Mant D, rowier G *et al.* Picosine epiacement therapy (ე არებსიე cessa ion (Cochrono Review) |ე The Cochrone (Jb₁a₁, April 1, 2ath) ი იაქ ნიში - Siftware

gsk

NRT sales have soared following deregulation and availability on prescription. The forthcoming NICE guidance is expected to increase them still further

MICE guidance on NRT due soon

The publication next month of guidance from the National Institute of Clinical Excellence on NRT and bupropion is expected to have a major impact on the smoking cessation marketplace. That and the funding uncertainties surrounding NHS specialist smoking cessation services are likely to be key influences in the year ahead.

Kay Patton, Nicorette category director at Pharmacia, forecasts: "The NICE guidance will raise the priority of smoking cessation and will be a significant milestone in providing prescribing direction on NRT. Guidance on the cost and clinical

effectiveness of NRT should provide the evidence that HAs and primary care groups need to justify spend on smoking cessation treatments.

Deregulation of NRT, coupled with its availability on prescription, led to a massive increase in NRT sales last year, say Pharmacia. Figures from AC Nielsen for pharmacies (exc Boots) for Nov/Dec 2001 show the market is worth £62.9 million at rsp, up 50 per cent year on year.

Fastest growing sector of the NRT market is the patch, up 96 per cent to £37m. Nicorette patch sales were up 337 per cent on Nov/Dec 2000. Gum sales were up 20 per cent for the same period – Nicorette dominates this sector with 92 per cent of sales, say Pharmacia.

Petra Schmidt, brand manager for

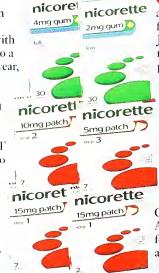
the impact of prescription sales. While 88,000 scripts for NRT were written in the third quarter of 2000, this had jumped to 500,000 a year later.

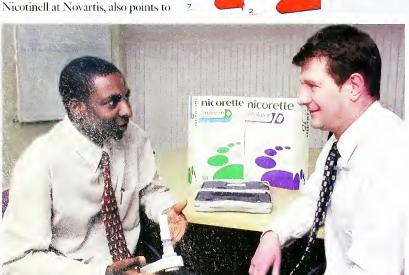
Novartis will be spending around £2m promoting Nicotinell this year, about the same as last year. "Given our limited resources we will be more focused. We want to develop a real identity for the brand," she says. While promotional activity will focus around No Smoking Day in the first half of the year, new initiatives – "a rejuvenation of the brand" – are promised in the second half.

> ● Pharmacia is spending £5.32 million above the line on consumer promotion for Nicorette in the period from January to March. This includes national TV advertising and national poster and washroom campaigns.

Pharmacia is also sponsoring the Quit & Win" competition being run as part of this year's No Smoking Day. Anyone over 18 who has been smoking for a year can enter. They must stop smoking on March 13 and remain clear for four weeks. If they do, there are cash prizes on offer, with a national winner getting f,5,000.

And look out for ex-smoker Rory Coleman who will be sponsored in April to run between premiership football grounds across the country in aid of the no smoking charity QUIT.





having the odd smoker or two at Moss head office. But they are also taking a spoonful of their own medicine through an inhouse smoking cessation programme. The 12-week programme, supported by Ealing, Hounslow & Hammersmith HA, is being run by pharmacist Chris Wilcox, an accredited smoking cessation adviser. Fifteen employees are enrolled on the programme, which is based on a scheme Moss ran recently in a number of Scottish prisons

Yes, they do admit to

Better to spend your money on **NRT** than statins...

Helping smokers to quit is one of the most effective cost interventions in the NHS today.

The risk of myocardial infarction or stroke falls by around a half within two years of stopping smoking, for example. Over 80 per cent of patients currently prescribed statins would fall below the threshold for needing these drugs if they stopped smoking, yet in 2000 the NHS spent about 12 times as much on statins as on smoking cessation.

So how effective are the NHS specialist smoking cessation services set up in England over the past two vears? Calculations show the cost is less than £800 per life year saved, according to John Stapleton, a senior lecturer at the Institute of Psychiatry, Kings College London.

Department of Health statistics indicate that from April 2000 to March 2001, 126,800 smokers made a quit attempt while attending cessation services. Of these, 48 per cent were still abstinent at the end of four weeks. The cost of funding these services was £21.4 million.

Using cautious estimates, Mr Stapleton calculates the cost to the NHS per patient treated is £209. He also assumes 60-65 per cent of four-weck successes will have relapsed by 12 months, giving a net improvement in cessation of about 17 per cent. For those aged 35-44 he estimates the cost per life-year saved at f.601, and for those in the 45-54 year old bracket, £,766.

By comparison, statin therapy ranges from about £,4,000 to £13,000 per life-year gained. Assessments released by the National Institute for Clinical Excellence suggest £30,000 pcr life-year gained is emerging as a guide level for recommending new treatments.

For more information:

Stapleton, J: Cost effectiveness of NHS smoking cessation services. August

www.ash.org.uk/html/cessation/ashcost.

Statistics on Smoking Cessation Services in Health Authorities: England April 2000 to March 2001. Department of Health press release 2001/0342) National smoking cessation services at risk. BMJ 2001;323:1140

Sour grapes or setting the record straight?

The maturing market for NRT has led to competing claims on efficacy by rival manufacturers

It is a sign that a market is maturing when product claims become more aggressive and arc contested by rival manufacturers. It can also lead to confusion among pharmacists – let alone consumers – about the benefits of one product over another.

GSK's launch of Niquitin CQ lozenges last November was, from the company's point of view, all it might have wished for (CGDNovember 3, 2001 p5). The choice of the Cancer Research Campaign's offices for the event and endorsement of the new line by CRC director-general Professor Gordon McVie caught the interest of the media.

Claims that the lozenge could "triple smokers' chances of quitting compared to placebo". and that the 4mg NiQuitin CQ lozenge could "increase chances of quitting by over five times

compared to placebo", sparked a riposte from competitors.

Pharmacia felt strongly enough to put out a press release warning healthcare professionals and consumers to be cautious in their interpretation of the media hype.

"Correct evaluation of the NiQuitin CQ data suggests that the efficacy of the product, in comparison to placebo, is actually in line with that demonstrated in other clinical trials of NRT... lozenge claims of superior efficacy arc also based on a single study and comparisons made with a meta-analysis of over 100 studies of NRT formulations1... this is an inappropriate comparison," said Pharmacia.

The company also questioned GSK data on file, due to be published in March, used to support claims made for the lozenge.

Another dispute is simmering over the benefits of a 24-hour versus a 16-hour patch.

A gencral literature review finding is that there is no conclusive evidence that the 24hour patch is more effective, says Novartis. However, the company claims that the 24-hour patch does provide relief when it is really needed, shortly after waking.

"In this respect, 24-hour patches have been shown to be superior to 16-hour patches at relieving morning craving, and for the relief of withdrawal symptoms in the critical first two weeks of treatment,2,3" says Novartis.

There is no "upside" to using a 16-hour patch, the company continues. Advertising of a 16hour patch has suggested that sleep disturbance does not occur or "occurs less frequently.

"The published comparative evidence is that there is no difference in slccp disturbance between 16-hour and 24-hour forms3

"When smokers give up, it is recognised than some will initially show signs of night disturbance. This occurs irrespective of the use of nicotine replacement therapy. For example, in studies of 24-hour patches, there were no significant differences in insomnia between nicotine-containing products and placebo patches5."

Market facts

How the smoking cessation market has shaped up for the period 52 weeks ending December 31, 2000, compared to 52 weeks ending December 30, 2001.

Source: Information Resources



	Value Sales (£,000s)		
	2001	2002	% chg vs yr ago
Chemists including Boots The Chemists			
Smoking Cessation	£,49,191	£52,747	7.2
Patch	£21,461	£,24,040	12.0
Gum	£,20,967	£21,652	3.3
Inhaler	£3,521	£,2,824	-19.8
Tablet	£,2,764	£2,509	-9.2
Lozenge	£,461	£,1,446	213.7
Nasal Špray	£17	£275	++
All Outlets			
Smoking Cessation	€,58,359	£,64,470	10.5
Patch	£,24,763	£,27,885	12.6
Gum	£,25,923	£,28,438	9.7
Inhaler	£3,955	£3,259	-17.6
Tablet	£3,163	£,2,932	-7.3
Lozenge	£,536	£,1,661	209.7
Nasal Špray	£19	£295	++

Top 10 NRT lines by value selling through pharmacies (including Boots) for the 52 weeks ending December 30, 2001

- 1. Nicorette gum
- 2. Niquitin CQ patch (Clear & Classic)
- 3. Nicotinell patch
- **4.** Nicorette patch
- 5. Nicorette Inhalator inhaler

- Nicorette Microtab tablet
- 7. Nicotinell gum
- Niquitin CQ lozenge
- Nicotinell lozenge
- **10.** Nicorette nasal spray

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1. Silagy C et al. Nicotine replacement therapy for smoking cessation (Cochrane Review). The Cochrane Library, Issue 3; 2001 2. Shiffman S et al. Comparative efficacy of 24 hour and 16-hour transdermal nicotine patches for relief of morning craving. Addiction 2000; 95: 1185-1195 3. Leischom S7 et al. Effect of nicotine dose and administration method on withdrawal symptoms and side effects during short-term smoking abstinence. Exp. Clin. Pharmacol. 1997; 5: 54-64. 4. Fagerstrom KO, Same U, Pharmacia & Upjohn, Consumer Pharmacenticals, Smeden. 5. The Pathophysiology of Nicotine Dependence: Treatment Options and the Cardiovascular Safety of Nicotine. Cardiovascular Risk

Factors 1996:6(3):135-143.

Fality or falles

... that is the question Mark Koziol attempts to answer as he strives to make the YPG Pharmacy a reality...

Imagine a pharmacy in a run down inner city area, which offers cutting-edge pharmaceutical care, develops models of practice with input from pharmacy undergraduates and then disseminates its findings free to other pharmacists.

All profits made by the business are re-invested to provide support for lectures and workshops, postgraduate research grants and developing propharmacy initiatives.

Is this some sort of fantasy? Maybe, but for Mark Koziol, the project manager for the Young Pharmacists' Group (YPG) Pharmacy, it is a vision.

He is currently talking and cajoling pharmacy organisations, manufacturers and wholesalers to support the vision and turn it into reality.

There is a surprising consistency in the response he is getting. Potential commercial sponsors are happy with the idea of paying the pharmacy to run projects on their behalf for example, says Mr Koziol.

More fund-raising initiatives are planned this year to boost the £30,000 raised since October 2001. If the money raised by December is sufficient to make the business plan viable, then the YPG Pharmacy will be set up. If insufficient funds are raised, donations will be returned to contributors.

The donations are under the control of independent custodians, who will not release the funds until the level of financial support ensures that the pharmacy project is a viable

proposition.

The custodians are: Professor Clare Mackie, head of the School of Pharmacy in Aberdeen, Veni Harania, Nucare's managing director, and community pharmacist and elder statesman David Sharpe.

The idea for the YPG Pharmacy developed over the past two years.

"Debates at YPG events focused on uncertainty in the community sector. There was lots of fear and yet on the other side there was lots of enthusiasm because people wanted to take advantage of the opportunities," says Mr Koziol.

"The problem the YPG has is that

"The problem the YPG has is that while it talks about these developments, it can't actually put many of its ideas into action because it lacks the facilities to do so. The idea of having the YPG's very own pharmacy came out of that frustration.

"The project will be set up in a run down inner city area near to a school of pharmacy because that is where the impact of pharmacists providing a wide range of exciting healthcare services can be enormous. We want this to be a high impact initiative and not a leafy-suburb project," says Mr Koziol.

The pharmacy will be "open house where various approaches can be put on trial, mistakes made and evaluated and best practices identified".

Several schools of pharmacy have written to Mr Koziol and shown keen interest in the project but he is not revealing their identity for the moment. Nor has a location been chosen yet, he says. As the project is of "huge value to schools of pharmacy" then "the ultimate logic is to have a pharmacy close to several schools of pharmacy", he says.

The pharmacy will operate as a company limited by guarantee. There will be no beneficial owners, no shareholders and no individuals who will profit, says Mr Koziol.

A panel of 15 has been selected to run the project (see CSD, Sep 22, 2001, p12), and five will be chosen from their number to form a management board to



The YPG
Pharmacy is
still a dream,
but it seems set
fair to become
a reality, says
Mark Koziol,
left

Me want this to be a high impact initiative and not a leafy-suburb project?



C&D interview

ensure the legal running of the business. A superintendent pharmacist, who could also be the pharmacy manager, and two non-executive members drawn from the YPG and the BPSA, will make up the board.

The pharmacy will target new methods of income and Mr Koziol believes that "because of the development of local pharmaceutical services it is not difficult to see that you could have a model for the pharmacy that may not include a dispensing contract.

"We've got to grasp the initiative before somebody else does. We've got to find models of providing these services that are cost-effective to the taxpaver

before someone else does."

IIThe YPG Pharmacy will be a practice laboratory!!

Some contractors are worried that the YPG will set up in their back yard, but Mr Koziol is quick to allay their fears. For this project to succeed, it must ensure that all local pharmacies feel the benefit of the YPG pharmacy in their patch.

"This will be an open house pharmacy and unlike other commercially-run pilots, we can share information regarding the services developed."

Local pharmacies will be involved in order to ensure they co-ordinate their efforts in setting up pilot projects. "At every stage of the game we would try to involve the local healthcare providers and local pharmacies – that is critically important."

He does not want the project to be seen as a perfect pharmacy. "A perfect pharmacy will be seen as a threat – we don't want that. The YPG Pharmacy will be a pharmacy laboratory. We will have imperfections, we will make mistakes, but we will be able to learn from them and that, and the sharing of information, is the key."

Three sources of fund-raising income have been identified:

- The largest sum of moncy will come from "winwin arrangements" with company subscribers, says Mr Koziol. In return for a fee, the pharmacy will run projects for commercial organisations. The organisations will then possess the results exclusively for a fixed period of time, after which they will be available free to all.
- The YPG will raise money through conferences and dinners. Last year's YPG conference contributed £,12,000 into the project's coffers.
- Individual donations have totalled £8,000 so far and Mr Koziol believes individual contributions could add up to a significant proportion.

Already a national pharmacy organisation has pledged £5,000 for the project.

During his initial discussions with pharmacy organisations, Mr Koziol says that one of the pharmacy multiples offered to buy the pharmacy for the YPG. However, the offer was turned down. "It would have been disastrous," he says, "because we want to be independent. This pharmacy has got to take community pharmacy to another plane."

Once the business is up and running he warns: "Failure would be a disastrous message. It would be a damning indictment of where the bricks and mortar community pharmacy situation in the UK is."

For more information:
www.ypg.info
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Backissues

Amanda Rooke takes over as regional pharmacy manager for Lloydspharmacy in the South East. Miss Rooke was previously an area manager for the company in the Bournemouth area. Boots The



m Stapleton Claire Brindley

Chemists has appointed **Liam Stapleton** as clinical pharmacy tutor. Mr Stapleton was previously regional pharmacy development manager with Superdrug. **Claire Brindley** has joined Enigma Health as business development director, with responsibility for marketing activities. Ms Brindley has previously worked for Knowledge Health and IMS Health. The buying group, Nucare, has announced the

appointment of two territory business managers: **Ray Dibben** will be responsible for South Wales and West England, and **Mark Nicholls** will look after Northern England.

Robin Brown, a pharmacist who is currently chairman of the North Cheshire Health Authority, will be chief executive of Warrington Primary Carc Trust from April 1. The Department of Health has announced the appointment of three non-executive members to the Prescription Pricing Authority: Dr James Stockwell, Dr Sarah Purdy and John Norman.

Bridlington is named Branch of Britain



Collecting their £500 prize money from David O'Sullivan, marketing director for Pfizer Consumer Healthcare, are (left to right): Pat Shipley, Anna Refford, Julie Rhodes, Katie O'Connor, Julia Davis and pharmacist Caroline Allen

Moss Pharmacy in Bridlington is the winner of the company's Branch of Britain competition for 2001. The staff at the branch had to demonstrate excellence in customer service, stock control, promotional compliance, training progress and branch presentation to win the annual competition, sponsored by Pfizer Consumer Healthcare.

Championship golf from Nucare

Golf widows (and widowers) beware! Nucare has announced details of the second annual golf tournament for its members.

Three regional qualifying events will take place early in the summer:

- May 2 Hellidon Lake Golf and Country Club, Daventry.
- June 13 Coulsdon Manor Hotel, Croydon.
- June 25 Tracy Park Golf and Country Club, Bristol.

The first six golfers from each regional event will go through to the final on September 12 at the Abbey Hotel Golf and Country Club, Redditch. Early registration is recommended as numbers are restricted at each qualifying event.

Further information is available from Reena Jogia at Nucare (020 8731 2525) or John Spence at IMA Events (0161 440 2770).

Are you up to the job?

Do you possess attention to detail, communication skills, sensitivity and computer literacy? Yes? Then a career in pharmacy might suit you, according to last week's *Independent on Sunday*.

Its regular Top 10 column, in the business section, lists the "leading lights" in a profession as chosen by their industry peers.

Last week's list included Dr Gillian Hawksworth, Professor Alison Blenkinsopp, John Ferguson, Sandra Gidley, Andy Murdock, Kirit Patel, Helen Remington, Ashok Soni, Beth Taylor and Noel Wicks.

The *IoS* also warns that community pharmacists "should be prepared to work unsocial hours", while Dr Hawksworth said: "To make it as a pharmacist you need to have plenty of stamina, be a good communicator and be non-judgemental."

Sounds like fun!

Healthcare heroes honoured

Nicolette Hurst-Southby, pharmacy storc-keeper at Torbay Hospital, has received a Blue Shield Healthcare Award from the local primary care trust following 27 years of dedicated service. The awards were presented to Torbay health professionals by the mayor in a ceremony before Christmas.

Pharmacists Mark Healey and Harry Steele were also honoured.

More condoms to tickle your fancy...

We're pleased to see someone else has matched our appalling sense of humour.

Duncan Smeaton, of Avicenna, has followed last week's instructions and sent in a list of condoms that he thinks the most progressive pharmacics will be selling:

- The Seven Seas CLO capsule condom which is completely tasteless (like the following list).
 The Halifax condom for that little extra.
- The DHL condom a promise is nothing 'til it's delivered.
- For the more adventurous there is the Land Rover condom been anywhere interesting lately?
- The Nat West condom there is another way.
- For motorists there is the Ford Mondeo condom – play it safe, the Neon condom – feel the heat and, of course, the Peugeot 206 condom – stop liking, start loving.
- Of greater concern is the KIA condom which comes with guidance notes on walking 30 children to school.
- The Michelin condom gives more grip in the wet.
- For the more mature user there is the Plenitude condom which removes the wrinkles.
- The Zovirax condom puts the smile back on your face.
- The ultimate has to be the Levonelle condom – still good for the morning after!

There's a bottle of champagne on offer to the person who sends in the funniest list so get e-mailing to

chemdrug@cmpinformation.com

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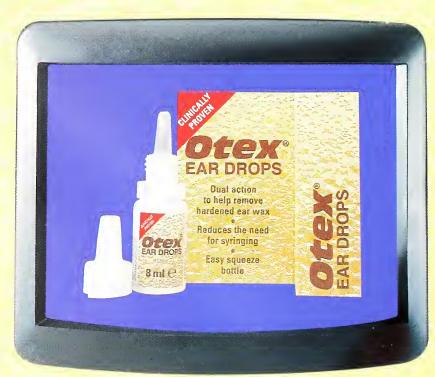
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